

SUBCONTRACTOR/SUPPLIER INFORMATION FORM

Company Name: _____ **Date:** _____

P.O. Box: _____ Zip (if different from below) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Company Email: _____

Company Website: _____

Primary Contact: Mr. / Ms. _____

Position/Title: _____

Office Phone No: _____ Fax No: _____

Mobile No: _____

Email: _____

Business Type: Consultant General Contractor Subcontractor Supplier

Organization Type: Corporation Joint Venture LLC Partnership Proprietorship Sub S. Corporation

Number of Years in Business: _____

Number of Employees: _____

At what range are you most competitive and capable to perform work?

If so, which classifications apply? Please provide any certification numbers/certificates.

- | | |
|--|--|
| <input type="checkbox"/> < \$200,000 | <input type="checkbox"/> \$1.2 million – \$2 million |
| <input type="checkbox"/> \$200,000 – \$500,000 | <input type="checkbox"/> \$2 million – \$5 million |
| <input type="checkbox"/> \$500,000 – \$800,000 | <input type="checkbox"/> \$5 million – \$10 million |
| <input type="checkbox"/> \$800,000 – \$1.2 million | <input type="checkbox"/> \$10 million – _____ |

Please identify if your company is LAUCP or SLDBE certified and the certifying agency.

Disadvantaged Business Enterprise (DBE) _____

State & Local Disadvantaged Business Enterprise (SLDBE) _____

Louisiana Subcontractor Contractor's License Number: _____ **Expiration:** _____

Louisiana General Contractor's License Number: _____ **Expiration:** _____

How many years have you been licensed in Louisiana? _____

Scope of Work _____

Please Return Completed Form to <mailto:lmarsall@wdbllc.com>