



Subcontractor/Vendor Registration Form

Company Information

Company Name: _____ Corporation
Phone Number: _____ **Fax Number:** _____ Partnership
Mailing Address: _____ Individual
City: _____ **State:** _____ **Zip:** _____ LLC
Website: _____ Other
Tax ID #: _____ **Duns #:** _____
County License # : _____ **State Lic#:** _____ **Exp date:** _____
Years in Business: _____

Primary Contact Information

First Name: _____ **Last Name:** _____
Title: _____ **Company Branch Location:** _____
E-Mail Address: _____
Phone Number: _____ **Mobile Number:** _____
Fax Number: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____

Employment & Work Area

How many of the following do you employ: Labor _____ Foreman _____ Super _____
Est/PM _____

Do you subcontract any of your work? Y N

Certifications

Please select all applicable certifications:

Certification Number: _____

Expiration Date: _____

- | | | | |
|--------------------------|--|--------------------------|------------------------------|
| <input type="checkbox"/> | Small Business | <input type="checkbox"/> | Women Owned Business |
| <input type="checkbox"/> | Minority Owned Business | <input type="checkbox"/> | Disabled Individual Business |
| <input type="checkbox"/> | Veteran or Service-Disabled Veteran Owned Business | | |

Type of Work, Service or Trade

TYPE OF WORK PERFORMED: _____

AVERAGE PROJECT SIZE:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$0 - \$25k | <input type="checkbox"/> \$25k - \$75k | <input type="checkbox"/> \$75k - \$250k | <input type="checkbox"/> \$250k - \$750k |
| <input type="checkbox"/> \$750k - \$1.25M | <input type="checkbox"/> \$1.25M - \$3M | <input type="checkbox"/> \$3M + | |

LARGEST PROJECT SIZE: \$ _____

Professional References

PROVIDE FOUR PROFESSIONAL REFERENCES

Company and contact: _____

Phone and email address: _____

Nature of work performed: _____

Contract Amount: _____ Date Completed: _____

Company and contact: _____

Phone and email address: _____

Nature of work performed: _____

Contract Amount: _____ Date Completed: _____

Company and contact: _____

Phone and email address: _____

Nature of work performed: _____

Contract Amount: _____ Date Completed: _____

Company and contact: _____

Phone and email address: _____

Nature of work performed: _____

Contract Amount: _____ Date Completed: _____

Bonding

Name of Surety: _____

Agent and phone #: _____

Bonding Capacity: _____

Claims and Suits

Has your company or owner of your company ever failed to complete any work awarded? Y N
If yes, explain:

Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your company or its officers? Y N
If yes, explain:

Has your company filed any law suits or requested arbitration with regard to construction contracts within the last 5 years? Y N
If yes, explain:

THE FOLLOWING FORMS ARE REQUIRED WITH THIS APPLICATION:

- **Copy of your current contractor's license**
- **Copy of your General Liability Insurance/Worker's Comp with Classic Plains Construction listed as additional insured.** (If you answered yes to subcontractor question above, subcontractor will need to provide proof of insurance.)
- **W-9**
- **Copy of all certifications**

I certify under penalty of perjury that all information contained herein is true and may be relied upon by Classic Plains Construction in order to approve status as vendor or subcontractor. I understand that submission of this application does not guaranty that your company will be invited to bid or perform work with Classic Plains Construction.

Signed: _____

Title: _____

Company: _____

Date: _____