

Provide the following information and return via fax to 209-545-2674 to be added to the bidding subcontractor database.

A.)	Company Name				
	Physical Address				
		City	State	Zip Code	
	Mailing Adress				
	g .	City.	Chaha	7in Codo	
		City		Zip Code	
	Phone Number		Fax Number		
	Point of Contact(s) for Bidding		Title:		
					
	Cell Phone #:				
	Company Website:		Current EMR Rat	ing:	
В.)	Check Any Certifications Firm Has:		C). Work Performed	d	
	AISC	LBE			
	DBE	MBE			
	EBE	SBE	-		
	DVBE	UDBE			
	LEED Accredited	WBE			
D.)	Union	(list trades signatory to)			
•	Non-Union	· · · · · · · · · · · · · · · · · · ·			
E.)	Work Type (Check all that apply)			Book to area	
	Education	Industrial		Residential	
	Federal Healthcare	Hi-Rise Commerical Office		Infrastructure Multi Family Housing	
	Hotel	Retail		Widiti Fairing Floasing	
		Netan			
F.) Aı	rea of Work:				
	Bay Area	Sacramento			
	Central, CA	Nevada			
	Northern, CA	Washington			
	Southern, CA				