

Contractor Information Form

| | |
|--------------|------------|
| Name of Firm | _____ |
| Address | _____ |
| | _____ |
| | _____ |
| Phone Number | Fax Number |

| | |
|---|---------------------|
| Company Contract Administrator Information: | Name: _____ |
| | Email Address _____ |

Indicate whether firm is sole proprietorship, partnership, joint venture corporation of other business entity.

| | |
|----------------------------------|-------|
| Federal Identification Number | _____ |
| Unique Entity Identifier (UEI #) | _____ |
| Years Firm has been in Business | _____ |
| EEO Officer and Title | _____ |
| CEO Officer and Title | _____ |

Company Business Classification - Work Company Performs

Is your Firm considered to be a small business as determined by the Small Business Administration? Yes _____ No _____

Is your Firm considered a Section 3 preference business as described as described in 24 CFR Part 135? Yes _____ No _____

Is your Firm considered to be a Minority owned business? Yes _____ No _____

