

BIDDER'S IDENTIFICATION

PROJECT NO. & TITLE: _____

1. Legal name of Bidder: _____
2. Street Address: _____
3. Mailing Address: _____
4. Bidder's Contact Person: _____
5. Business Telephone: _____ Facsimile Telephone: _____
6. Email Address: _____
7. Contractor's License number: _____ and expiration date: _____
8. How many years has your organization been in business as a licensed contractor? _____
9. Has your organization ever been licensed under a different name or different license number?
☐ Yes ☐ No
If the answer is yes, give name(s): _____
and license number(s): _____
10. Has your organization been in business for a minimum of **three (3) years** under the contractor's license currently used?
☐ Yes ☐ No
11. How many years has your organization been in business under its present business name? _____
12. Has your organization's contractor's license been revoked at any time in the last five years?
☐ Yes ☐ No
13. Under what other or former names has your organization operated? _____

14. Identify parent company if applicable: _____

15. Type of Business: ☐ Sole Proprietor ☐ Partnership ☐ Corporation Other: _____
If corporation, answer the following:
 - a. Date of incorporation: _____
 - b. State of incorporation: _____
 - c. President's name: _____
 - d. Vice-president's name(s): _____
 - e. Contractor's name in responsible charge: _____
License number of contractor in responsible charge: _____
 - f. Secretary's or Clerk's name: _____If individual or partnership, answer the following:
 - a. Date of organization: _____
 - b. Name and address of all partners. (State whether general or limited partnership): _____
 - c. _____

CITY OF VICTORVILLE, CALIFORNIA

If other than corporation or partnership, describe organization and name principals: _____

16. We normally self- perform this _____ % of the work with our own forces. List trades below:

17. Business License number issued by the City where the Proposer's principal place of business is located:

Number: _____ Issuing City: _____

18. Federal Tax Identification Number: _____

19. _____ I am a certified small business.

A copy of my certification from the Office of Small and Minority Business is attached.

20. _____ I have recently applied for qualification as a Small Business but have not yet received certification.

21. _____ I am not a Small Business.

22. _____ My business is owned by a minority whose ethnicity is: _____

i. _____ My business is owned by a woman.

ii. _____ My business is owned by a disabled veteran