

SUBCONTRACTOR INFORMATION FORM			
Vendor Name		Address 1	
Telephone		Address 2	
Fax		City	
Email		State	
Point of Contact		Zip	
Phone Number		Sex (Male/Female)	
Minority Business Category (Black American, Hispanic American, Asian-Pacific, Native American, Subcontinent Asian American, Other):			
Federal Employer ID Number		No. of Employees	
Social Security Number (If Federal I.D. is not applicable)		Age of Firm	
Certified DBE? (Yes/No)			
Annual Gross Receipts	Less than \$500,000		\$1 million to \$5 million
	\$500,000 to \$1 million		greater than \$5 million
List North American Industry Classification System (NAICS Codes) to be performed:			