

Sub/Supplier Information Form

A. Business Information

A1.	Company Name:			
A2.	Contact Person:			
A3.	Address:			
A4.	City			
A5.	State:			
A6.	Zip:			
A7.	Phone – Office:			
A8.	Phone – Cell:			
A9.	Fax:			
A10.	E-mail:			
A11.	Years in Business:			
A12.	Number of Permanent Employees:			
A13.	Union: <input type="checkbox"/> Yes <input type="checkbox"/> No			
A14.	Geographic Area:			
A15.	Dollar volume of work that your firm can perform per year	\$		
A16.	Annual gross receipts during last 3 years:	2005:	2006:	2007:
A17.	Three Largest Projects in past 6 years:			
	Project Name	Your Contract Amount	Owner Contact Name	Owner Contact Phone #
		\$		
		\$		
		\$		

B. Type of Business

		Work Categories (Codes) (Enter one or more Work Codes)	Work Description
B1.	<input type="checkbox"/> Subcontractor		
B2.	<input type="checkbox"/> Services		
B3.	<input type="checkbox"/> Materials		
B4.	<input type="checkbox"/> Supplies		
B5.	<input type="checkbox"/> Equipment		
B6.	<input type="checkbox"/> Other		

C. Certification (If more than one list all)

C1.	Certified As:	<input type="checkbox"/> DBE	<input type="checkbox"/> SBE	<input type="checkbox"/> HUB	<input type="checkbox"/> Other:	
C2.	Certified In:	<input type="checkbox"/> Texas				
C3.	Certifying Agencies:	<input type="checkbox"/> TxDOT		If other write in name of certifying agency below		
		<input type="checkbox"/> Other:				
C4.	Certification Numbers:					
C5.	Date of Certification:					
C6.	Date of Expiration:					
C7.	Federal ID Number:					

D. Surety

D1.	Bonding Company	Agent Name	Phone #
D2.	Bonding Capacity:		
D3.	Bonding Rate:		

E-mail complete forms to info@northgateconstructors.com or Fax them to (817) 337-7001.
Please complete section A1-A10 for each contact person and/or owner in your organization.