

VENDOR / SUBCONTRACTOR CONTACT INFORMATION PROFILE			
Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
Address 2:*	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Contact Person:	<input type="text"/>		
Phone:	<input type="text"/>	Cell / Mobile:*	<input type="text"/>
Fax:*	<input type="text"/>	E-mail:	<input type="text"/>
Company Website:*	<input type="text"/>		

DISADVANTAGED BUSINESS ENTERPRISE (DBE) INFORMATION		
Are you currently certified as a DBE?	<input type="radio"/> Yes or <input checked="" type="radio"/> No	
If you are a DBE, please complete the following:		
Gender: <input type="checkbox"/> Minority or <input type="checkbox"/> Female or <input type="checkbox"/> Other		
Ethnicity: <input type="radio"/> Hispanic or <input type="radio"/> Black or <input type="radio"/> Asian or <input type="radio"/> Native American or <input type="radio"/> Caucasian or <input type="radio"/> Other		
CERTIFYING ENTITY	CERTIFICATION NUMBER	EXPIRATION DATE (M/D/Y)
<input type="radio"/> DOT? State: _____	<input type="text"/>	//
<input type="radio"/> Other <input type="text"/>		
OTHER CERTIFICATIONS (Please indicate all that apply)		
HISTORICALLY UNDERUTILIZED BUSINESS (HUB) INFORMATION		
Are you currently certified as a HUB?	<input type="radio"/> Yes or <input checked="" type="radio"/> No	
If you are a HUB, please complete the following:		
Gender/Ethnicity: <input type="checkbox"/> Minority or <input type="checkbox"/> Female		

Other: <input type="checkbox"/> Disabled or <input type="checkbox"/> Socially or economically disadvantaged	
HUB Certified by: <input type="radio"/> Which State(s) _____? Or Other <input type="text"/>	
MINORITY BUSINESS ENTERPRISE (MBE) INFORMATION	
Are you currently certified as an MBE?	<input type="radio"/> Yes or <input checked="" type="radio"/> No
If you are an MBE, please complete the following:	
MBE Certified as: <input type="radio"/> Hispanic or <input type="radio"/> Black or <input type="radio"/> Asian or <input type="radio"/> Native American or <input type="radio"/> Other	
MBE Certified By: <input type="radio"/> Which State? _____ or Other <input type="text"/>	
WOMEN'S BUSINESS ENTERPRISE (WBE) INFORMATION	
Are you currently certified as a WBE?	<input type="radio"/> Yes or <input checked="" type="radio"/> No
If you are a WBE, please complete the following:	
WBE Certified as: <input type="radio"/> Minority or <input type="radio"/> Caucasian	
WBE Certified By: <input type="radio"/> Which State (s)? _____ or Other <input type="text"/>	
SMALL BUSINESS ENTERPRISE (SBE) INFORMATION	
Are you currently certified as a SBE?	<input type="radio"/> Yes or <input checked="" type="radio"/> No
If you are a SBE, please complete the following:	
SBE Certified as: <input type="checkbox"/> Minority or <input type="checkbox"/> Female or <input type="checkbox"/> Other	
SBE Certified By: <input type="radio"/> Which State(s)? _____ or <input type="checkbox"/> SBA <input type="checkbox"/> Other <input type="text"/>	

FAMILIARITY WITH HIGHWAY/INFRASTRUCTURE PROJECTS FOR STATE DOTs AND CONTRACTORS	
Have you ever bid on work for a DOT project? If yes, which state: _____	<input type="radio"/> Yes or <input type="radio"/> No
Have you ever performed work on a DOT project? If yes, which state: _____	<input type="radio"/> Yes or <input type="radio"/> No
Have you ever performed work for Ferrovia on other projects?	<input type="radio"/> Yes or <input type="radio"/> No
Have you ever performed work for Webber on other projects?	<input type="radio"/> Yes or <input type="radio"/> No
Have you ever performed work for on other transportation or infrastructure projects? If yes, what type? _____	<input type="radio"/> Yes or <input type="radio"/> No

WORK CAPABILITIES

What types of work are you qualified to perform? Print legibly. Please note all work capabilities that may apply in each category.

1.	Civil Construction	
2.	Professional services	
3.	Construction Related Services	
4.	Other Services	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>

THREE LARGEST PROJECTS COMPLETED BY YOUR FIRM DURING THE PAST 5 YEARS

How many construction projects has your firm completed in the past 5 years?

0,
 1,
 2,
 3,
 4 or more



PROJECT 1

NAME of Project	<input type="text"/>
OWNER	<input type="text"/>
Project Start Date	//
Project Completion Date	//
DOLLAR AMOUNT of Total Project	\$ <input type="text"/> .00 (Round to nearest dollar amount)
DESCRIPTION of Work Performed	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Performed Work as	<input type="radio"/> Prime Contractor or <input type="radio"/> Consultant or <input type="radio"/> Subcontractor
- If Subcontractor, state GENERAL CONTRACTOR	<input type="text"/>
DOLLAR AMOUNT of Work Performed	\$ <input type="text"/> .00 (Round to nearest dollar amount)

by Your Company	
Reference Contact Information	<input type="text"/> Name <input type="text"/> Phone or E-mail
PROJECT 2	
NAME of Project	<input type="text"/>
OWNER	<input type="text"/>
Project Start Date	//
Project Completion Date	//
DOLLAR AMOUNT of Total Project	\$ <input type="text"/> .00 (Round to nearest dollar amount)
DESCRIPTION of Work Performed	<div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
Performed Work as	<input type="radio"/> Prime Contractor or <input type="radio"/> Consultant or <input type="radio"/> Subcontractor
- If Subcontractor, state GENERAL CONTRACTOR	<input type="text"/>
DOLLAR AMOUNT of Work Performed by Your Company	\$ <input type="text"/> .00 (Round to nearest dollar amount)
Reference Contact Information	<input type="text"/> Name <input type="text"/> Phone or E-mail
PROJECT 3	
NAME of Project	<input type="text"/>
OWNER	<input type="text"/>
Project Start Date	//
Project Completion Date	//
DOLLAR AMOUNT of Total Project	\$ <input type="text"/> .00 (Round to nearest dollar amount)

DESCRIPTION of Work Performed	<input type="text"/>
Performed Work as	<input type="radio"/> Prime Contractor or <input type="radio"/> Consultant or <input type="radio"/> Subcontractor
- If Subcontractor, state GENERAL CONTRACTOR	<input type="text"/>
DOLLAR AMOUNT of Work Performed by Your Firm	\$ <input type="text"/> .00 (Round to nearest dollar amount)
Reference Contact Information	<input type="text"/> Name <input type="text"/> Phone or E-mail

ADDITIONAL INFORMATION ABOUT YOUR FIRM	
What was your approximate annual sales volume last year?	\$ <input type="text"/> .00 (Round amount)
How many active projects do you have currently?	<input type="text"/>
- If construction, average number of crews?	<input type="text"/>
Average number of employees typically on your payroll?	<input type="text"/>
Do you own or lease your equipment? (check all that apply)	<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> N/A
Will you perform the work with your own forces?	<input type="radio"/> Yes or <input type="radio"/> No
<input type="text"/>	Explain here, if No (optional)
Will you supervise your own employees?	<input type="radio"/> Yes or <input type="radio"/> No
<input type="text"/>	Explain here, if No (optional)
Will you order your own materials?	<input type="radio"/> Yes or <input type="radio"/> No

	Explain here, if No (optional)
Will you pay for your own materials?	<input type="radio"/> Yes or <input type="radio"/> No
	Explain here, if No (optional)
Do you plan to subcontract/sublet any of your work?	<input type="radio"/> Yes, w/DBE <input type="radio"/> Yes, w/non-DBE <input type="radio"/> No