



Vendor # Assigned: _____

Date: _____

FEIN: _____
PLEASE INCLUDE A W-9 AND RETURN

() New Company () Edit Existing Company

Company Name (Exact Legal Name): _____

Primary Contact Name/Title: _____

Mailing Address (No PO Box): _____

Street: _____

City: _____ State: _____ Zip: _____

Main Phone Number: _____ Primary Fax Number: _____

Cell Phone Number: _____ E-Mail Address*: _____

Division of Work: _____ (See Attached Trade Sheet)

Company Type: () Subcontractor () Vendor () Architect
() General Contractor () Engineer () Consultant () Other:

Check One Category: () Individual / Sole Proprietorship () S Corporation
() C Corporation () Partnership
() LLC () Trust / Estate
() Other

License Information (CURRENT COPY OF STATE LICENSE FOR THIS PROJECT):

States Licensed & Secretary of State Business License Number:
A. _____
B. _____
C. _____

Remit Address:
Street/PO Box _____
City _____
State/Zip Code _____
Telephone _____
Fax _____
E-mail _____
Accounts Payable Contact _____
Billing Contact _____

Company Information:
State of Incorporation: _____
Length of time in business: _____
Date Organized: _____
Business Enterprise Type:
MBE SBE VBE DBE WBE None of These
Labor Classification:
Union: _____ Non-Union: _____
Union Affiliation: # _____

Safety (Please do not leave blank, indicate if N/A):
This Safety Information Is Required for Any Tier Subcontractors to Be Used On a Gray Construction Project. See Separate Sheet For Tier Subcontractors.

A. List any employee fatalities within the past 5 years: _____
B. List any OSHA citations for the last 5 years: _____

Safety Ratings:

	2010	2009	2008	2007	2006
EMR Experience Modification Rate:	_____	_____	_____	_____	_____
Provide OSHA Recordable Incident Rate (RIR) for the last 5 years.	_____	_____	_____	_____	_____

If any EMR response is above 1.0 or you have an answer in A or B: Submit with Insurance Loss Run Reports and OSHA 300 Logs & 301 for 2006-2010.

Project History

A. What are your sales to date for this fiscal year? _____
B. What is your sales goal for this fiscal year? _____
C. What is your current backlog (in dollars)? _____
D. How many projects are sold but not complete? _____
E. What was your approximate volume for the last three years?
2010 _____ 2009 _____ 2008 _____
F. How many projects were completed during the last three years? _____
G. What is the limits of your current insurance policy coverage? _____
H. Please attach a list of references and past projects. At least 5 Attach List of References

Financial Details

A. Provide a copy of your most recent audited or reviewed financial statement. If neither is available, provide an internal statement.
B. What is the value of your line of credit? _____
C. What amount of your line of credit is available? _____
Is Your Company Bondable? () Yes () No **What is your bonding limit?** _____

For Companies Supplying Architectural/Engineering Services:

A. Name of design professional in responsible charge for design in the state where the project is located: _____
Address: _____ Phone: _____ email: _____
State Registration Number: _____ Expiration Date: _____
B. Certificate of Authorization Number for Firm to practice Architecture or Engineering from the State Licensing Board:
C. List Secretary of State Business Registration Number: _____
D. Since initial application or last renewal, has any licensing board or authority denied, revoked, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificates held by individuals holding license. (Attach separate listing if necessary) Yes _____ No _____ If yes, attach explanation.
E. Please list E & O coverage amounts and name of E and O carrier/provider of E & O coverage. _____
F. Please indicate deliverables and file formats. i.e., plans, specifications, AutoCADD, 3D Files, Revit, BIM, etc. (Circle applicable formats)



SAFETY INFORMATION FOR TIER SUBCONTRACTOR:

Gray Subcontractor Company Name (Exact Legal Name): _____

Tier Subcontractor (Exact Legal Name): _____

Primary Contact Name/Title Tier Subcontractor: _____

Tier Subcontractor Mailing Address: Street: _____

City: _____

State: _____

Zip: _____

Tier Sub Main Phone Number: _____

Tier Sub Primary Fax Number: _____

Tier Sub Cell Phone Number: _____

Tier Sub E-Mail Address*: _____

(Please do not leave blank, indicate if N/A):

A. List any employee fatalities within the past 5 years: _____

B. List any OSHA citations for the last 5 years: _____

Safety Ratings:

2010

2009

2008

2007

2006

EMR Experience Modification Rate: _____

Provide OSHA Recordable Incident Rate (RIR) for the last 5 years. _____

If any EMR response is above 1.0: Submit with Insurance Loss Run Reports and OSHA 300 Logs & 301 for 2006-2010.

SAFETY INFORMATION FOR TIER SUBCONTRACTOR:

Gray Subcontractor Company Name (Exact Legal Name): _____

Tier Subcontractor (Exact Legal Name): _____

Primary Contact Name/Title Tier Subcontractor: _____

Tier Subcontractor Mailing Address: Street: _____

City: _____

State: _____

Zip: _____

Tier Sub Main Phone Number: _____

Tier Sub Primary Fax Number: _____

Tier Sub Cell Phone Number: _____

Tier Sub E-Mail Address*: _____

(Please do not leave blank, indicate if N/A):

A. List any employee fatalities within the past 5 years: _____

B. List any OSHA citations for the last 5 years: _____

Safety Ratings:

2010

2009

2008

2007

2006

EMR Experience Modification Rate: _____

Provide OSHA Recordable Incident Rate (RIR) for the last 5 years. _____

If any EMR response is above 1.0: Submit with Insurance Loss Run Reports and OSHA 300 Logs & 301 for 2006-2010.

SAFETY INFORMATION FOR TIER SUBCONTRACTOR:

Gray Subcontractor Company Name (Exact Legal Name): _____

Tier Subcontractor (Exact Legal Name): _____

Primary Contact Name/Title Tier Subcontractor: _____

Tier Subcontractor Mailing Address: Street: _____

City: _____

State: _____

Zip: _____

Tier Sub Main Phone Number: _____

Tier Sub Primary Fax Number: _____

Tier Sub Cell Phone Number: _____

Tier Sub E-Mail Address*: _____

(Please do not leave blank, indicate if N/A):

A. List any employee fatalities within the past 5 years: _____

B. List any OSHA citations for the last 5 years: _____

Safety Ratings:

2010

2009

2008

2007

2006

EMR Experience Modification Rate: _____

Provide OSHA Recordable Incident Rate (RIR) for the last 5 years. _____

If any EMR response is above 1.0: Submit with Insurance Loss Run Reports and OSHA 300 Logs & 301 for 2006-2010.

Company Name: _____

Please check the boxes for trades applicable to your Company:

GENERAL CONDITIONS

- 00 HPDE Containment
- 00 Plan Review/Permits
- 00 Power Company
- 00 PVC/Polypropelene Containment
- 00 Telephone Company
- 01 Acoustic Consultants
- 01 AE
- 01 Architectural Design
- 01 Building Envelope Specialists
- 01 Civil
- 01 Construction Cleaning
- 01 Engineering
- 01 Engineering/Surveying
- 01 Engineers/Architects
- 01 Environmental Consultants
- 01 Environmental Testing
- 01 Final Cleanup
- 01 Gas Extension
- 01 Materials Testing
- 01 Scaffolding
- 01 Site Design
- 01 Structural Designer
- 01 Survey/Civil
- 01 Surveying
- 01 Temporary Utilities
- 01 Testing
- 01 Trailers
- 01 Waste Management/Dumpsters

SITE

- 02 Abatement
- 02 Asphalt Paving
- 02 Caissons
- 02 Cleaning & Grubbing
- 02 Demolition
- 02 Demolition Hazardous Mat'l
- 02 Dynamic Compaction
- 02 Earthwork
- 02 Excav., Storm Drng, Water/Sewer
- 02 Excavation
- 02 Fine Grading
- 02 Landscaping
- 02 Piles
- 02 Pipe Materials
- 02 Railroad
- 02 Reinf. Soil Retaining Wall
- 02 Site Concrete
- 02 Site Remediations
- 02 Site Utilities
- 02 Site/Paving
- 02 Sitework
- 02 Termite

CONCRETE

- 03 Anchor Bolts & Fasteners
- 03 Architectural Precaster
- 03 Concrete Cutting
- 03 Concrete Finishing
- 03 Concrete Floor Sealer
- 03 Concrete Formwork
- 03 Concrete Repair
- 03 Concrete Supplier
- 03 Dry Shake Floor Hardener
- 03 Foundation
- 03 Liquid Floor Hardener
- 03 Precast
- 03 Pump Service
- 03 Reinforcing
- 03 Slabs

CONCRETE - Continued

- 03 Stone
- 03 Tiltup

MASONRY

- 04 Masonry Supplier

STEEL

- 05 Guardrail/Handrail
- 05 Ornamental Metal
- 05 Steel Erection
- 05 Steel Fabricator
- 05 Structural Framing

CARPENTRY

- 06 Cabinets
- 06 Carpentry/Millwork
- 06 Countertops/Showers/Tubs

THERMAL

- 07 Caulking
- 07 Cold Storage Doors
- 07 Dampproofing
- 07 Draft Curtains
- 07 Ext. Insulation/Finish Systems
- 07 Foam Insulation
- 07 Grouting
- 07 Insulated Metal Panels
- 07 Insulation
- 07 Membrane Roofing
- 07 Metal Roofing
- 07 Metal Siding
- 07 Roof Coatings
- 07 Roof Specialties
- 07 Sheet Metal
- 07 Spray Applied Fireproofing
- 07 Waterproofing

OPENINGS

- 08 Aluminum Doors
- 08 Aluminum Storefront
- 08 Coiling Doors
- 08 Doors
- 08 Folding Doors
- 08 Glass/Glazing
- 08 Hardware
- 08 HM Doors
- 08 Overhead Doors
- 08 Special Doors

FINISHES

- 09 Acoustic Ceiling Tile
- 09 Acoustic Treatment
- 09 Carpet
- 09 Ceramic Tile
- 09 Drywall
- 09 EIFS
- 09 Epoxy Flooring
- 09 Floor Coatings
- 09 Floor Painting
- 09 Industrial Floor Coatings
- 09 Lath & Plaster
- 09 Moveable Walls/Floors
- 09 Painting
- 09 Tile
- 09 Traffic/Impact Doors
- 09 VCT
- 09 Wall Coverings

SPECIALTIES

- 10 Access Flooring
- 10 Canopies
- 10 Computer Access Flooring
- 10 Exterior Sun Control Devices
- 10 Flags

SPECIALTIES - Continued

- 10 Louvers
- 10 Signage
- 10 Silo Tank
- 10 Stoplight
- 10 Toilet Partitions/Access
- 10 Vault Doors
- 10 Wire Mesh Partitions/Security Cages

EQUIPMENT

- 11 Auto Unload Dock Equipment
- 11 Dock Equipment
- 11 Fall Arrest System
- 11 Lift Arm Gates
- 11 Process Equipment & Installation
- 11 Scrap Conveyor System
- 11 Truck Scales

FURNISHINGS

- 12 Auditorium Seating
- 12 Furniture
- 12 Perforated Awning
- 12 Window Treatment

SPECIAL CONSTRUCTION

- 13 Bridge Crane
- 13 Building Automation Systems
- 13 Cold Storage Rooms
- 13 Free Standing Canopies
- 13 Fuel Station Equipment
- 13 Guardhouse
- 13 Hangar Doors
- 13 Metal Building Erector
- 13 Metal Building Supplier
- 13 Modular Offices
- 13 Oxygenation Systems
- 13 PEB Insulation
- 13 Pre-Engineered Erection
- 13 Refrigeration
- 13 Refrigeration Doors
- 13 Refrigeration Piping

CONVEYORS

- 14 Conveying Systems
- 14 Elevator
- 14 Equipment Rigger
- 14 Material Handling
- 14 Palletize/Shrink Wrap
- 14 Pneumatic Conveying System
- 14 Vertical Reciprocating Conveyor

MECHANICAL

- 15 Air Rotation Unit Supplier
- 15 D/B Electrical
- 15 D/B Mechanical
- 15 Energy Mgmt. Controls
- 15 HVAC
- 15 Mechanical Engineering
- 15 Mechanical Suppliers
- 15 Oil Separator
- 15 Plumbing
- 15 Sewage & Drainage
- 15 TABS & DALI Testing

ELECTRICAL

- 16 D/B Electrical
- 16 Electrical

FIRE PROTECTION

- 17 Fire Pumps
- 17 Fire Tanks
- 17 Sprinklers

DESIGN

- 18 Design

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number																							
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.