



SUBCONTRACTOR / SUPPLIER PREQUALIFICATION FORM

Company Name: _____ Dun & Bradstreet No. _____
 Full Address: _____
 Contact Person / Title: _____
 Phone / Fax / Email: _____
 Website: _____ Federal Tax ID No. _____

Business Type: Sole Proprietor Partnership LLC Corporation | State / Yr Est : _____

Contractor's License #: _____ Classification(s): _____ Expiration Date: _____

CA Dept. of Industrial Relations (DIR) #: _____ Expiration Date: _____

Union Non-Union Bondable: Rate(s): _____ / Limits: : _____
 Insurance / Limits: G/L _____ Auto _____ Workers Compensation: _____
 USL&H: _____ Waiver of Subrogation: _____ Excess/Umbrella: _____
 Additional Insured Endorsements: Yes No (must be separate to ACORD Certificates)

TRUCKING FIRMS:

Truck Broker: Yes No Number of trucks you have: _____ Type(s): _____
 Number of trailers: _____ NOTE: Hazardous Material Transportation requires MCS-90 Endorsement

SMALL BUSINESS CERTIFICATION: If you are unsure of your status for the below categories, review Federal Acquisition Regulation 19.7 or 52.219-8. If you are unsure of your size, refer to SBA's website at www.sba.gov/size or contact your local SBA office.

Check **ALL** that apply based on your size / certification:

- Small Business Very Small Business (VSBE) Small Disadvantaged Business (self-certify)
- Certified by SBA as a HUBZone Small Business Woman Owned Small Business
- Veteran Owned Small Business Service Disabled Veteran Owned Small Business
- Alaskan Native Corporation Historically Black College/University or Minority Institution
- Large Business (including non-profit) Indian Tribe
- Certified by SBA as Small Business Concern Registered: System For Award Management (SAM)
- Local Business Concern (LBE / Other): _____
- Other: _____

Agency(ies) & Certification _____

If self-certifying as any type of a **Small Business**, provide the NAICS code for the work you may be contracted to perform for Dutra. If you are self-certifying as a **Small Disadvantaged Business**, provide your primary NAICS code. For information go to www.census.gov/eos/www/naics/.

NAICS Code¹ (required): _____

Additional NAICS Codes: _____

Number of Employees² (required): _____

Under 15 U.S.C. § 645(d), anyone misrepresenting size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

Signature Printed Name Title Date