

SUB-CONSULTANT SUBMITTAL INFORMATION FORM

2707 Colby Avenue, Suite 900, Everett, WA 98201 | P 425.252.7700

Project Name or Roster Category:

Sub-consultant
Date Submitted:

Firm Name:			
Address:			
City:	State:	Zip Code:	County:
Phone:	Fax:	Company Web Site:	
Fed. Tax ID Number:	Unified Business Identified Number:	D/M/WBE Certification Number:	
UDBE Certification Number:	Year Firm Established:	SIC Code (Name):	
NAICS Code (Name):	Underutilized Disadvantaged Business Enterprise <input type="checkbox"/>		
Professional Liability Insurance Coverage/Limits(please indicate limits): General Liability \$_____ per occurrence \$_____ annual aggregate Professional Liability \$_____ per claim \$_____ annual aggregate \$_____ deductible		Audited Overhead Rate Information: Latest WSDOT or Federal Audited Indirect Cost Rate (Overhead) _____% (Attach overhead back-up information) For Year Ending:	
Contact Person (e-mail and direct phone) Regarding This Submittal's Information:			
Name	E-mail	Direct Phone Line	

Firm Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Subchapter S Corp. <input type="checkbox"/> Limited Liability Company	Annual Gross Receipt: <input type="checkbox"/> \$0 to \$1 Million <input type="checkbox"/> \$1 Million to \$5 Million <input type="checkbox"/> \$5 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$15 Million <input type="checkbox"/> Over \$15 Million
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Firms Area of Expertise:
Firm Number of Employees:

Note:

Firm Name: Please ensure that the firm name listed is the same firm name that is legally assigned to the federal tax ID number. Please do not use: DBAs – Doing Business As; Combination names when two firms are working together; derivatives of your legal name; Acronyms; etc.