

## **Subcontractor Registration**

Company			Phone		
Street	Zip+4	Mailin	g		Zip+4
City/State			Fax		
Web Page		Email_			
EXECUTIVES AND / OR OFFICERS					
Name		Title_			
Name					
Name		Title_			
Address Correspondence to		Title_			
TYPE OF BUSINESS (Check One) Corpor	ration Date of Incorporation				
LABOR TYPE (Check One) Collective Barga	nining Open Shop Both	· <i>i</i>	ANNUAL SALES VOI	_UME \$	
TYPE OF WORK BID (Check all that apply)					
Public Bid Work Construction Ma	anagement Design Build_	١	Negotiated Work	Private Bid Wo	ork
SIZE OF PROJECTS BID (Check all that ap					
To \$10K \$10k to 50k \$5	50k to \$100k \$100k to \$500	)k	_ \$500k to \$1M	\$1M to \$5M	\$5M & Over
GEOGRAPHIC WORK AREA					
CONSTRUCTION RELATED AFFILIATIONS	3				
DESCRIBE WORK OR SERVICE					
REFERENCES – Please give the names, ad			ree references, includ	ing one or more G	eneral Contractors or
Subcontractors for whom you have worked a	Ind one banker, and any other you o	choose.			
Insurance and Workers Compensation, Nam	e of Agent (include certificate(s))				
Bonding Capacity (single and aggregate), an	d name of Surety				
Date Signed			Title		

Return to: The City of Oklahoma City, Public Works Department, 420 W. Main, Oklahoma City, Oklahoma 73102, Attn: Subcontracting Program Or Fax to: (405) 297-2117