



Kiewit

Chicago Area – Denver District

Subcontractor/Supplier Information Form

A. Business Information

A1.	Company Name:			
A2.	Contact Person:			
A3.	Address:			
A4.	City			
A5.	State:			
A6.	Zip:			
A7.	Phone – Office and Cell:			
A8.	Fax:			
A9.	E-mail:			
A10.	Years in Business:			
A11.	Number of Permanent Employees:			
A12.	Union: <input type="checkbox"/> Yes <input type="checkbox"/> No			
A13.	Geographic Area:			
A14.	Dollar volume of work that your firm can perform per year	\$		
A15.	Annual gross receipts during last 3 years:	2004:	2005:	2006:
A16.	Three Largest Projects in past 6 years:			
	Project Name	Your Contract Amount	Contact	Phone #
		\$		
		\$		
		\$		

B. Type of Business

		Work Codes (Enter one or more Work Codes)	Work Description
B1.	<input type="checkbox"/> Subcontractor		
B2.	<input type="checkbox"/> Services		
B3.	<input type="checkbox"/> Materials		
B4.	<input type="checkbox"/> Supplies		
B5.	<input type="checkbox"/> Equipment		
B6.	<input type="checkbox"/> Other		

C. Certification (If more than one list all)

C1.	Certified As:	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> DBE	<input type="checkbox"/> ESB	<input type="checkbox"/> Other:
C2.	Certified In:	<input type="checkbox"/> IL				
C3.	Certifying Agencies:	<input type="checkbox"/> IDOT		<input type="checkbox"/> City of Chicago		
		<input type="checkbox"/> Other:				
C4.	Certification Numbers:					
C5.	Date of Certification:					
C6.	Date of Expiration:					
C7.	Federal ID Number:					

D. Surety

D1.	Bonding Company	Agent Name	Phone #
D2.	Bonding Capacity:		
D3.	Bonding Rate:		

E-mail complete forms to KGonzales@Kiewest.com or Fax them to 773-686-0240.
Please complete section A for each contact person and/or owner in your organization.

Kiewit Western Co. is an Equal Opportunity Employer