



Safe & Sound Project

**Subcontractor/Supplier
Information Form**

A. Business Information

Company Name:			
Contact Person:			
Address:			
City/State/Zip:			
Phone:			
Fax:			
E-mail:			
Year Business Started:			
Number of Permanent Employees:			
Union: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Geographic Area:			
Dollar volume of work that your firm can perform per year			\$
Annual gross receipts during last 3 years:	2006:	2007:	2008:
Three Largest Projects in past 6 years:			
Project Name	Contract Amount	Contact	Phone No.
	\$		
	\$		
	\$		

B. Type of Business

	SIC Work Codes (OSHA Standard Industrial Classification), (Enter one or more Work Codes)	Work Description
<input type="checkbox"/>	Subcontractor	
<input type="checkbox"/>	Services	
<input type="checkbox"/>	Materials	
<input type="checkbox"/>	Supplies	
<input type="checkbox"/>	Equipment	

C. Certification (If more than one list all)

Certified As:	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> DBE	<input type="checkbox"/> ESB	<input type="checkbox"/> Other:
Certified In:	<input type="checkbox"/> MO				
Certifying Agencies:	<input type="checkbox"/> MoDOT		<input type="checkbox"/> Other:		
Certification Numbers:					
Date of Certification:					
Date of Expiration:					
Federal ID Number:					

D. Surety

Bonding Company	Agent Name	Phone #
Bonding Capacity:		
Bonding Rate:		

E-mail completed forms to KTU.Constructors@kiewit.com. Fax to 847-426-7862.
Call Tom Dunn at 866-268-0591 with questions.