

COMPANY INFORMATION

Company Name: _____
 Mailing Address: _____ City: _____ State: ___ Zip: _____
 Country: _____ Contact Name: _____ Email: _____
 Phone: _____ Fax: _____ Website: _____
 DUNS: _____ EIN or SSN: _____

HOW DID YOU HEAR ABOUT US?

Tradeshow Outreach Client Referral - Client Name: _____ Existing Subcontractor
 SWCA.com SWCA contact: _____

BUSINESS TYPE

Partnership Sole Proprietor Joint Venture Limited Liability Company Corporation; in the State of _____
 Year Company Established: _____ No. Employees: _____ as of this date: _____

BUSINESS SIZE CLASSIFICATION

(Check only those that apply)

<input type="checkbox"/> Native Hawaiian Organization	<input type="checkbox"/> Minority-Owned Business Enterprise (MBE)
<input type="checkbox"/> 8(a) Certified <i>(attach certification)</i>	<input type="checkbox"/> Small Disadvantaged Business (SDB) <i>(check group below)</i>
<input type="checkbox"/> Woman-Owned <i>(self-certified)</i>	<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic American
<input type="checkbox"/> Economically Disadvantaged Woman-Owned <i>(attach certification)</i>	<input type="checkbox"/> African American <input type="checkbox"/> Asian-Pacific American
<input type="checkbox"/> Veteran-Owned (VOSB) <i>(self-certified)</i>	<input type="checkbox"/> Alaska Native <input type="checkbox"/> Subcontinent Asian American
<input type="checkbox"/> Service-Disabled Veteran-Owned (SDVOSB) <i>(self-certified)</i>	<input type="checkbox"/> Historically Black College or University (HBCU)
<input type="checkbox"/> State of Texas HUB <i>(self-certified)</i>	<input type="checkbox"/> HUBZone <i>(attach certification)</i>
<input type="checkbox"/> LGBT Owned	<input type="checkbox"/> Other <i>(specify):</i> _____

Are you a certified MBE/WBE/WMBE/DVBE under the California Public Utilities Commission (CPUC)? Yes No

North American Industry Classification (NAICS) Code(s)

Primary (list only one): _____ Secondary (list only one): _____ Additional NAICS: _____

(For a full list of NAICS codes visit: <https://www.census.gov/naics/>)

Brief description of key services/products; **if available, attach Statement of Qualifications**

Geographical Areas Served: _____

Size of Contract Capable of Performing:

\$0 - \$250,000 \$500,000 - \$1,000,000 \$5,000,000 - \$10,000,000
 \$250,000 - \$500,000 \$1,000,000 - \$5,000,000 Over \$10,000,000

Estimated Annual Revenue: \$ _____

EXPERIENCE

Has your company worked as a prime contractor or subcontractor under a federal contract? Yes No

If yes, please list your most recent clients/projects (attached is acceptable):

Has your company previously worked with SWCA? Yes No

If yes, please list the SWCA contact name(s) as a reference: _____

CLAIMS

Are there any claims against your company or material/service litigations which would hamper your ability to supply product/service under quoted circumstances? Yes No

If yes, please explain:

WORKERS COMPENSATION EXPERIENCE MODIFICATION RATING (EMR) DATA

Current EMR is: 202__ - ____

Past 3 years are: 202__ - ____, 202__ - ____, 202__ - ____

If you do not have an assigned EMR for any of the requested years, please explain:

Name

Title

Date

Return Completed Questionnaire and Formal Certifications to:

supplierdiversity@swca.com