



STATEMENT OF CONTRACTOR INFORMATION

PROJECT: ITB BID NO. 2020.09.23 – FREELAND, GRANITE FALLS, AND SERVICE CENTER HVAC REPLACEMENTS

Note: This statement must be completed, signed and submitted as part of the Proposal packet.

BUSINESS INFORMATION

Name of Firm:	
Address:	
Payment Address:	
Contact Phone #:	
Email #:	
Contact Name:	

LICENSE & REGISTRATION INFORMATION (RCW 39.04.10 Sec. 2)

State of Washington Dept. of Licensing Contractors Registration Number:	
State of Washington Unified Business Identification (UBI) Number:	
State of Washington Dept. of Employment Security Number: Licensing	
State of Washington Dept. of Labor & Industries Workers Compensation Acct. Number:	
Washington State Excise Tax Registration Number:	
Federal Tax ID Number:	

INSURANCE AND BONDING

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Name of Insurance Company:	
Name of Insurance Agent:	
Insurance Phone Number:	
Insurance Fax Number:	

Bonding Company (If Applicable):	
Name of Bond Agent:	
Bonding Company Address:	
Bonding Phone Number:	

OTHER	
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Are you listed on any debarment lists:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you on the list of parties excluded from the Federal procurement/Non-Procurement programs:	<input type="checkbox"/> Y	<input type="checkbox"/> N

The above company/vendor acknowledges the receipt of the following Addenda for the above-referenced solicitation (if applicable). Bidder acknowledges each Addendum by initialing below:

Addendum #1: _____ Addendum #2: _____ Addendum #3: _____ Addendum #4: _____

Signature _____ Title _____ Date _____