

PLEASE COMPLETE AND RETURN THE FOLLOWING QUESTIONNAIRE. THIS INFORMATION WILL ASSIST US IN ACCURATELY IDENTIFYING THE TYPE OF WORK YOU PERFORM. ALL INFORMATION SUBMITTED WILL BE CONSIDERED CONFIDENTIAL AND HANDLED ACCORDINGLY.			
GENERAL			
NAME OF BUSINESS		STREET ADDRESS	
CITY, STATE, ZIP CODE			
PREVIOUS BUSINESS NAMES	TELEPHONE	FAX	CONTACT IN HOME OFFICE (Including Title)
SEND INQUIRIES TO: (Name and Address)			
OTHER OFFICES: ATTACH LIST OF SALES OFFICES, REPRESENTATIVES, AGENTS OR CONTACTS THAT MAY ACT FOR YOUR COMPANY, INCLUDING NAMES, ADDRESSES AND TELEPHONE NUMBERS			
LICENSE			
NUMBER	STATE	TYPE OF WORK LICENSED FOR	
ORGANIZATION			
SOLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION	DATE FOUNDED
UNDER PRESENT MGMT. SINCE:		NET WORTH	
NAMES OF OWNER(S)		SB/SDB/WOB ☐ YES ☐ NO	
NAMES AND TITLES OF OFFICERS		NAICS CODE	
ANNUAL DOLLAR VOLUME WITH OUR FIRM (Last Three Years)		(Last Year)	
1.	2.	3.	
PREFERRED JOB COST RANGE			
MINIMUM		MAXIMUM	
BANKING REFERENCES			
BONDING REFERENCES		BONDING LIMIT	
ATTACH ANNUAL REPORT AND/OR FINANCIAL STATEMENT			
BIDDING INTEREST			
TYPE OF WORK			
Location: Piketon, Ohio			
TYPES OF WORK USUALLY SUBCONTRACTED TO OTHERS			
LABOR RELATIONS (SHOP & FIELD)			
☐ UNION CONTRACTOR		☐ NON-UNION CONTRACTOR	
TRADES WITH WHOM YOU HAVE AGREEMENTS	EXPIRATION DATE	TRADES WITH WHOM YOU HAVE AGREEMENTS	EXPIRATION DATE
1.		3.	
2.		4.	
PRODUCTS			
LIST MANUFACTURERS FOR WHOM YOU ARE A LICENSED DISTRIBUTOR			
1.	3.	5.	
2.	4.	6.	
COMPLETE IF APPLICABLE			
LOCATION OF FABRICATION SHOPS			
NAMES AND ADDRESSES OF OUTSIDE DETAILERS USED			
INDICATE APPROVAL FOR CODE WORK (API, ASME, NEMA, ANSI, ETC.)			
WORK HISTORY			
PLEASE PROVIDE A BRIEF RESUME OF IMPORTANT JOBS COMPLETED BY YOUR FIRM WITHIN THE LAST THREE YEARS. ALSO ATTACH BROCHURE IF AVAILABLE. PRIOR JOBS WITH OUR FIRM MUST BE LISTED.			
COMMENTS:			RETURN QUESTIONNAIRE TO:
QUESTIONNAIRE COMPLETED BY	TITLE	DATE	