

Company Information Sheet

*Company information must be submitted each January and whenever changes occur ~ *All fields required

Company Name: _____

DBA (if applicable): _____

Affiliates or Subsidiaries: _____

Type: Corporation LLC Individual

Disadvantaged Business Enterprise (DBE): YES NO

DBE Type: WOMAN-OWNED MINORITY-OWNED (Female) MINORITY-OWNED (Male) OTHER

(Explain): _____

List all bona fide owners and percentage of Company owned:	
_____	Percentage _____ %
_____	Percentage _____ %

Has your company been known by any other name in the last 3 years: Yes No

If yes, what was the name of that company? _____

Number of Years in Existence: _____ **Number of Employees in Company:** _____

Office Number: aaaaaaaaaaaaaaaaaa **Fax Number:** _____ **Website:** _____

Physical Address	Mailing Address or check if same as physical

FEIN: _____	NHES Reporting Number: _____
Annual Gross Income: \$1 - \$100,000 \$100,001 - \$500,000 \$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000 \$5,000,001 - \$10,000,000 Over 10,000,000	

Designate two individuals to be contacted for compliance related matters, including subcontracting:

1) _____
Name & Title
Email Address

2) _____
Name & Title
Email Address

Note: If participating in federally aided work, those named above shall receive the OAOC Field Audit Reports.

Payroll Contact: _____
Name, Title
E-mail address

EEO Officer: _____
Name, Title
E-mail address

