



STATEMENT OF CONTRACTOR INFORMATION

PROJECT: ITB BID NO. 2021.03.26 – PEST CONTROL SERVICES

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

BUSINESS INFORMATION

Form with fields: Name of Firm, Address, Payment Address, Contact Phone #, Email #, Contact Name

LICENSE & REGISTRATION INFORMATION (RCW 39.04.10 Sec. 2)

Form with fields: 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

Form with fields: Insurance and Bonding information

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	

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 and dating below:

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

Signature	Title	Date
-----------	-------	------