



**STATEMENT OF CONTRACTOR INFORMATION**

**PROJECT:** ITB NO. 2021.12.29 – CUSTODIAL, WINDOW, AND FLOOR CLEANING SERVICES

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

**BUSINESS INFORMATION**

<b>Name of Firm:</b>	
<b>Address:</b>	
<b>Payment Address:</b>	
<b>Contact Phone #:</b>	
<b>Email #:</b>	
<b>Contact Name:</b>	

**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 & BONDING**

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:	
<b>OTHER</b>	

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

**SUBCONTRACTORS**

Name of Firm:	UBI Number:

**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 \_\_\_\_\_

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Signature

Title

Date