

STATEMENT OF CONTRACTOR INFORMATION

PROJECT: RFP PROPOSA	AL NO. 2022.11.17 – DARRINGTON LIBRAF	RY TENANT IMPROVEMENTS
Note: This statement r	must be completed, signed, and submitte	ed as part of the Proposal packet.
BUSINESS INFORMATION	ON	
Name of Firm:		
Address:		
Payment Address:		
Contact Phone #:		
Email #:		
Contact Name:		
LICENSE & REGISTRATI	ON 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. o	of Employment Security Number: Licensing	
State of Washington Dept. of Labor & Industries Workers Compensation Acct. Number:		
	x Registration Number	
Washington State Excise Tax Registration Number:		
Federal Tax ID Number:		
INSURANCE AND BON	DING	

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:		
SUBCONTRACTORS	UBI NUMBER	
Are you listed on any debarment lists:	YN	
Are you on the list of parties excluded from the Federal procurem	nent/Non-Procurement programs:	
The above company/vendor acknowledges the receipt of the follo	owing Addenda for the above-referenced solicitation (if	
applicable). Bidder acknowledges each Addendum by initialing an	nd dating below:	
Addendum #1: Addendum #2 Add	Addendum #3 Addendum #4	
Signature Ti	itle Date	