



STATEMENT OF CONTRACTOR INFORMATION

PROJECT: ITB BID NO. 2023.04.12 – PARKING LOT/SIDEWALK REPAIRS, MAINTENANCE, AND STRIPING SERVICES

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

BUSINESS INFORMATION

Table with 2 columns: Label (Name of Firm, Address, Payment Address, Contact Phone #, Email #, Contact Name) and empty input field.

LICENSE & REGISTRATION INFORMATION (RCW 39.04.10 Sec. 2)

Table with 2 columns: Label (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) and empty input field.

<b>INSURANCE AND BONDING</b>	
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>SUBCONTRACTORS</b>	<b>UBI NUMBER</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

**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
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