

# Submittal Information Packet

Project Name or  
Roster Category:

## Sub-consultant

Firm Name:

Address:

City:

State:

Zip Code:

County:

Phone:

Fax:

Company Web Site:

Fed. Tax ID Number:

Unified Business Identifier  
Number:

D/M/WBE Certification Number:

Year Firm Established:

SIC Code (Name):

NAICS Code (Name):

Contact Person Regarding This Submittal's Information:

Firm Type:

Sole Proprietor  Partnership  C – Corp.  Limited Partnership  Subchapter S Corp.  Limited Liability Company

Annual Gross Receipt:

\$0 to \$1 Million  \$1 Million to \$5 Million  \$5 Million to \$10 Million  \$10 Million to \$15 Million  Over \$15 Million

Firms Areas of Expertise:

### **Note:**

**Firm Name:** Please ensure that the firm name listed is the same firm name that is legally assigned to the federal tax ID number. Please do not use: DBA's – Doing Business As; Combination names when two firms are working together; derivatives of your legal name; Acronyms; etc.

**Unified Business Identifier (UBI) Number:** If your firm does not have a UBI number for Washington State, please put pending in the box. You will be required to acquire a UBI Number if you are awarded the contract.