

PLEASE COMPLETE AND RETURN THE FOLLOWING QUESTIONNAIRE. THIS INFORMATION WILL ASSIST US IN ACCURATELY IDENTIFYING THE TYPE OF WORK YOU PERFORM. ALL INFORMATION SUBMITTED WILL BE CONSIDERED CONFIDENTIAL AND HANDLED ACCORDINGLY.

GENERAL					
NAME OF BUSINESS		STREET ADDRESS		CITY, STATE, ZIP CODE	
PREVIOUS BUSINESS NAMES		TELEPHONE	FAX	CONTACT IN HOME OFFICE (Including Title)	
SEND INQUIRIES TO: (Name and Address)					
<b>OTHER OFFICES: ATTACH LIST OF SALES OFFICES, REPRESENTATIVES, AGENTS OR CONTACTS THAT MAY ACT FOR YOUR COMPANY, INCLUDING NAMES, ADDRESSES AND TELEPHONE NUMBERS</b>					
LICENSE					
NUMBER		STATE	TYPE OF WORK LICENSED FOR		
ORGANIZATION					
SOLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION	DATE FOUNDED	UNDER PRESENT MGMT. SINCE:	NET WORTH
NAMES OF OWNER(S)				SB/SDB/WOB	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAMES AND TITLES OF OFFICERS				NAICS CODE	
ANNUAL DOLLAR VOLUME WITH OUR FIRM (Last Three Years)			(Last Year)		
1.	2.	3.			
PREFERRED JOB COST RANGE					
MINIMUM			MAXIMUM		
BANKING REFERENCES					
BONDING REFERENCES			BONDING LIMIT		
<b>ATTACH ANNUAL REPORT AND/OR FINANCIAL STATEMENT</b>					
BIDDING INTEREST					
TYPE OF WORK					
Location: Piketon, Ohio					
TYPES OF WORK USUALLY SUBCONTRACTED TO OTHERS					
LABOR RELATIONS (SHOP & FIELD)					
<input type="checkbox"/> UNION CONTRACTOR			<input type="checkbox"/> NON-UNION CONTRACTOR		
TRADES WITH WHOM YOU HAVE AGREEMENTS		EXPIRATION DATE	TRADES WITH WHOM YOU HAVE AGREEMENTS		EXPIRATION DATE
1.			3.		
2.			4.		
PRODUCTS					
LIST MANUFACTURERS FOR WHOM YOU ARE A LICENSED DISTRIBUTOR					
1.		3.		5.	
2.		4.		6.	
COMPLETE IF APPLICABLE					
LOCATION OF FABRICATION SHOPS					
NAMES AND ADDRESSES OF OUTSIDE DETAILERS USED					
INDICATE APPROVAL FOR CODE WORK (API, ASME, NEMA, ANSI, ETC.)					
WORK HISTORY					
PLEASE PROVIDE A BRIEF RESUME OF IMPORTANT JOBS COMPLETED BY YOUR FIRM WITHIN THE LAST THREE YEARS. ALSO ATTACH BROCHURE IF AVAILABLE. PRIOR JOBS WITH OUR FIRM MUST BE LISTED.					
COMMENTS:				RETURN QUESTIONNAIRE TO:	
QUESTIONNAIRE COMPLETED BY		TITLE	DATE		