C.I. DESIGNS, INC.

General Contractor/ Design+Build

SUBCONTRACTOR INFORMATION FORM

Date of Response:	
Contact Person for Clarifications:	
Phone:	
Email:	

COMPANY INFORMATION					
Name of Company:					
Street Address:		Mailing Address:		Main Regional or Branch Office	
Name of Parent Company: *(if applicable)*		Address of Parent Company:			
Phone:		Fax:		Website:	
CONTACT INFORMATION					
Principal Contact:		Phone/Fax:		Email:	
CFO Contact:		Phone/Fax:		Email:	
Accounting Contact:		Phone/Fax:		Email:	
Estimating Contact:		Phone/Fax:		Email:	

CERTIFICATIONS *(Please attach copies of all certifications)*		
Registrations SBA CCR CCR#_____ ORCA VDOT MDOT WMATA DDOT CBE	**Minority Business Enterprise Certification** MBE WBE DBE PG County Baltimore City MBE/WBE DBE Certified by: _____ *(please specify)*	**Business Classifications** SDB(8A) WSB HUB Zone VOB SDVOB Other Certification or Classification: _____ *(please specify)*

TRADES					
Specification Sections:	_____ _____ _____ _____ _____ _____ _____	Work Performed:	_____ _____ _____ _____ _____ _____ _____	NAICS /PSC /FSC /SIC Codes:	_____ _____ _____ _____ _____ _____ _____