*Please print clearly.*

Company/Remit to Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Toll Free: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Organization: [ ]  Sole Proprietorship [ ]  Partnership [ ] Corporation [ ]  Other

Date Business Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dunn & Bradstreet Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIGP/NAICS code(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Check all that apply.***

Product/Service Description:

|  |  |  |
| --- | --- | --- |
| [ ]  Professional/Consultant Services | [ ]  Construction | [ ]  Supplies |
| [ ]  Equipment | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average annual gross receipts over the past three (3) years:

|  |  |  |
| --- | --- | --- |
| [ ]  $0 - $50,000 | [ ]  $500,001 - $1,000,000 | [ ]  $10,000,001 - $18,000,000 |
| [ ]  $50,001 - $100,000 | [ ]  $1,000,001 - $5,000,000 | [ ]  Over $18,000,000 |
| [ ]  $100,001 - $500,000 | [ ]  $5,000,001 - $10,000,000 |  |

If your company is 51% owned, operated and controlled by a minority(s) or woman/women, please check the appropriate classification:

|  |  |  |
| --- | --- | --- |
| [ ]  African American | [ ]  Asian Indian American | [ ]  Non-minority Female |
| [ ]  Hispanic American | [ ]  Native American | [ ]  Male |
| [ ]  Asian Pacific American | [ ]  Minority Female | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If you have been certified as a Disadvantaged Business Enterprise or Small Disadvantaged Business, please complete the information below and attach a copy of your certification letter.

Certifying Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared By (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please email, mail or fax completed form to: For questions, please contact:***

Procurement Department Avis Long

Hampton Roads Transit Procurement Technician

3400 Victoria Boulevard (757) 222-6000 ext. 6094

Hampton, VA 23661

Fax: (757) 222-6114

hrtpurchasingdept@hrtransit.org