

3400 Victoria Blvd.
Hampton, Virginia 23661
757-222-6000 222-6043 Fax

Form B

Date: _____

Please print clearly

Company/Remit to Name: _____

Owner(s) Name and Title: _____

Contact Person and Title: _____

Mailing Address: _____

City, State and Zip: _____

Telephone: _____ Fax: _____ Toll Free: _____

Website: _____ Email: _____

Type of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Date Business Established: _____ Tax ID Number: _____

Dunn & Bradstreet Number: _____

North American Industrial Code System / NAICS code(s): _____

Check all that applyProduct/Service Description: ☐ Professional/Consultant Service ☐ Construction ☐ Supplies
☐ Equipment ☐ Other _____

Number of employees: _____

Average annual gross receipts over the past three years:

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 | <input type="checkbox"/> \$10,000,001 - \$18,000,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 | <input type="checkbox"/> Over \$18,000,000 |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$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:

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian Indian American | <input type="checkbox"/> Non-minority Female |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Native American | <input type="checkbox"/> Male |
| <input type="checkbox"/> Asian Pacific American | <input type="checkbox"/> Minority Female | <input type="checkbox"/> Other |

If you have been certified as a Disadvantaged Business Enterprise **OR** Small, Women and Minority (SWaM) Business, please complete the information below and attach a copy of your certification letter.

Certifying Agency: _____

Certification Number: _____ Expiration Date: _____

Prepared by: _____ Date: _____
Signature

Print name: _____ Title: _____

Please mail or fax completed form to:

Attn: Avis Long
Procurement Office
3400 Victoria Blvd
Hampton, VA 23661
Phone: (757) 222-6000 x6094 Fax: 222-6114