



| VENDOR / SUBCONTRACTOR CONTACT INFORMATION PROFILE | | | |
|--|----------------|-----------|--|
| Company Name: | | | |
| Address: | | | |
| Address 2: | | | |
| City: | State: | Zip Code: | |
| Contact Person: | | | |
| Phone: | Cell / Mobile: | | |
| Fax: | E-mail: | | |
| Company Website: | | | |
| | | | |

| DBE/SWaM INFORMATION | | |
|---|----------------------|---|
| Are you currently certified as a DBE/SWaM? | | <input type="radio"/> Yes or <input type="radio"/> No |
| CERTIFYING ENTITY | CERTIFICATION NUMBER | EXPIRATION DATE (M/D/Y) |
| <input type="radio"/> VDOT | <input type="text"/> | ____/____/____ |
| <input type="radio"/> Other <input type="text"/> | | |
| | | |

FAMILIARITY WITH VDOT AND CONTRACTORS

| | | |
|---|---------------------------|--------------------------|
| Have you ever bid on work for a VDOT project? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have you ever performed work on a VDOT project? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have you ever performed work for Allan Myers, Va on other projects? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have you ever performed work for Ferrovia on other projects? | <input type="radio"/> Yes | <input type="radio"/> No |

WORK CAPABILITIES

What types of work are you qualified to perform? Print legibly. Please note all work capabilities that may apply in each category.

| | |
|----------------------------------|--|
| 1. Civil Construction | |
| 2. Professional services | |
| 3. Construction Related Services | |
| 4. Other Services | |

THREE LARGEST PROJECTS COMPLETED BY YOUR FIRM DURING THE PAST 5 YEARS

How many construction projects has your firm completed in the past 5 years?

0,
 1,
 2,
 3,
 4 or more

PROJECT 1

| | | |
|---|---|-----------------|
| NAME of Project | | |
| OWNER | | |
| Project Start Date | ____/____/____ | |
| Project Completion Date | ____/____/____ | |
| DOLLAR AMOUNT of Total Project | \$ <input type="text"/> .00 (Round to nearest dollar amount) | |
| DESCRIPTION of Work Performed | | |
| Performed Work as | Prime Contractor or <input type="radio"/> Consultant or <input type="radio"/> Subcontractor | |
| - If Subcontractor, state GENERAL CONTRACTOR | | |
| DOLLAR AMOUNT of Work Performed by Your Company | \$ <input type="text"/> .00 (Round to nearest dollar amount) | |
| Reference Contact Information | <input type="text"/> | Name |
| | <input type="text"/> | Phone or E-mail |
| | <input type="text"/> | |

| PROJECT 2 | | | | | |
|---|--|--|------|--|-----------------|
| NAME of Project | | | | | |
| OWNER | | | | | |
| Project Start Date | ____/____/____ | | | | |
| Project Completion Date | ____/____/____ | | | | |
| DOLLAR AMOUNT of Total Project | \$ <input type="text"/> .00 (Round to nearest dollar amount) | | | | |
| DESCRIPTION of Work Performed | | | | | |
| Performed Work as | Prime Contractor or <input type="radio"/> Consultant or <input type="radio"/> Subcontractor | | | | |
| - If Subcontractor, state GENERAL CONTRACTOR | | | | | |
| DOLLAR AMOUNT of Work Performed by Your Company | \$ <input type="text"/> .00 (Round to nearest dollar amount) | | | | |
| Reference Contact Information | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 20px;"></td> <td style="width: 20%; text-align: center;">Name</td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;">Phone or E-mail</td> </tr> </table> | | Name | | Phone or E-mail |
| | Name | | | | |
| | Phone or E-mail | | | | |

| PROJECT 3 | |
|---|---|
| NAME of Project | |
| OWNER | |
| Project Start Date | ____/____/____ |
| Project Completion Date | ____/____/____ |
| DOLLAR AMOUNT of Total Project | \$ <input type="text"/> .00 (Round to nearest dollar amount) |
| DESCRIPTION of Work Performed | |
| Performed Work as | Prime Contractor or <input type="checkbox"/> Consultant or <input type="checkbox"/> Subcontractor |
| - If Subcontractor, state GENERAL CONTRACTOR | |
| DOLLAR AMOUNT of Work Performed by Your Company | \$ <input type="text"/> .00 (Round to nearest dollar amount) |
| Reference Contact Information | <input type="text"/> Name |
| | <input type="text"/> Phone or E-mail |

ADDITIONAL INFORMATION ABOUT YOUR FIRM

| | |
|--|---|
| What was your approximate annual sales volume last year? | \$ <input type="text"/> .00 (Round amount) |
| How many active projects do you have currently? | |
| - If construction, average number of crews? | |
| Average number of employees typically on your payroll? | |
| Do you own or lease your equipment? (check all that apply) | <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> N/A |
| Will you perform the work with your own forces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Explain here, if No (optional) |
| Will you supervise your own employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Explain here, if No (optional) |
| Will you order your own materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Explain here, if No (optional) |
| Will you pay for your own materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Explain here, if No (optional) |
| Do you plan to subcontract/sublet any of your work? | <input type="checkbox"/> Yes, w/DBE/SWaM <input type="checkbox"/> Yes, w/non-DBE/SWaM <input type="checkbox"/> No |

Send in your form one of the following ways:

Email: DBEinfo@fam66.us

Mail:
 FAM Construction, LLC
 12600 Fair Lakes Circle
 Suite LL10
 Fairfax, VA 22033