



406 S 6<sup>TH</sup> STREET  
 BOISE ID 83702  
 PHONE: 208-344-2441  
 FAX: 208-343-8116  
 E-MAIL: info@jordan-wilcomb.com

**Subcontractor/Vendor Information Form**

**Subcontractor/Vendor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Yearly Volume/Revenue - Previous 3 years:

\_\_\_\_\_

**Licenses**

Type of License	Number	Expiration	State

**Business Information – please check one**

C-Corp \_\_\_\_\_ S-Corp \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Other \_\_\_\_\_

Other: \_\_\_\_\_

**Tax ID #:** \_\_\_\_\_ **Incorporated/Formed Date:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Owners/Officers/Principals**

Name & Title	Years with company	% of Ownership

**Send Bid Requests to:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Experience:** Please list experience and jobs you have worked on as well as Division(s) you are interested in bidding – use additional sheet if more space is needed.

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**References**

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

**Trade References (Vendors/Suppliers)**

Name: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

**Trade References (General Contractors)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

**Safety Program:** Do you currently have a written safety program \_\_\_\_\_  
**Who is responsible for safety?** \_\_\_\_\_

Current E-Mod: \_\_\_\_\_ Violations in the last 5 years: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Insurance**

**Company:** \_\_\_\_\_ **Broker/Agent:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*I hereby certify that the information provided within this information form is true and accurate to the best of my knowledge with no information withheld. (must be owner or principal of company)*

Name of Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_