



BIDDERS MAILING LIST APPLICATION

All answers should be typed or printed. Read information and instructions carefully.

CONTRACTOR NAME		
ADDRESS		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		
TELEPHONE	FAX	EMAIL*
TAX ID NUMBER		

TYPE OF ORGANIZATION <i>(Check One)</i>	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
If incorporated, indicate in which state: _____			

VIRGINIA CONTRACTORS LICENSE CERTIFICATE NUMBER	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B
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FAIRFAX COUNTY BPOL (BUSINESS PROFESSIONAL OCCUPATIONAL LICENSE):

TYPE OF WORK (MAILING LIST(S))		
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Electrical	<input type="checkbox"/> Paving/Asphalt-Concrete
<input type="checkbox"/> Mechanical/Plumbing	<input type="checkbox"/> Electrical/Exterior Pole Lighting	<input type="checkbox"/> Roofing
<input type="checkbox"/> HVAC	<input type="checkbox"/> Electrical/Fire Alarm Systems	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Athletic Field Improvements	<input type="checkbox"/> Electrical/Security Systems	_____
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Electrical/Sound Systems	_____
<input type="checkbox"/> Irrigation Systems	<input type="checkbox"/> Electrical/Telecommunications	_____

NAMES OF OFFICERS, MEMBERS OR OWNERS OR CONCERNED PARTNERSHIPS, ETC.

X	X
President's Signature	Vice President's Signature
President's Name (Typed/Printed)	Vice President's Name (Typed/Printed)
X	X
Secretary's Signature	Treasurer's Signature
Secretary's Name (Typed/Printed)	Treasurer's Name (Typed/Printed)
X	
Owner's or Partner's Signature	
Owner's or Partner's Name (Typed/Printed)	

BUSINESS DATA	<input type="checkbox"/> Small Business	Sales Employees _____	Average Number of Employees _____
	<input type="checkbox"/> Minority Business	Persons Employed _____	Service Employees _____
	<input type="checkbox"/> Women-owned Business		How Long in Present Business _____

PERSONS AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME (IF AGENT, SO SPECIFY)

NAME _____	OFFICIAL CAPACITY _____
I certify that the above information is correct and applicant has not been debarred or declared ineligible from bidding for services by the Fairfax County Government or its agencies.	
X	
Signature	Date