



**FAIRFAX COUNTY
PUBLIC SCHOOLS**

Department of Facilities and Transportation Services

Office of Facilities Management
5025 Sideburn Road
Fairfax, Virginia 22032

BIDDERS MAILING LIST APPLICATION

INFORMATION & INSTRUCTIONS

Contractors desiring to be included on the Fairfax County Public School Bidders Mailing List(s) for facilities maintenance/repair and minor improvements must complete and submit a Bidders Mailing List Application.

The Fairfax County Human Rights Ordinance and relevant Federal and State laws, orders and regulations require Fairfax County to ensure that its procurement practices are non-discriminatory and promote equality of opportunity for small and minority business enterprises.

Carefully read the following instructions before completing the bidders mailing list application.

Address	Enter the address where contract documents or general correspondence are to be mailed. An email address is <u>required</u> to receive notification of invitations to bid.
Billing Address	Enter a billing address if different from the above address.
Tax ID Number	Business – Enter your employer ID number. Individual – Enter your Social Security Number.
Virginia Contractors License Certificate Number	Enter your license certificate number and indicate whether it is a Class A or B license. Virginia Code 54.1-1103(A) provides that “[no] person <u>shall engage in, or offer to engage in contracting work</u> or operate as an owner-developer in the Commonwealth unless he has been licensed or certified under the provisions of this chapter.” Information regarding state licensing is available at www.state.va.us/dpor or questions may be directed to the Department of Professional and Occupational Regulation/State Board of Contractors at 804-367-8511.
Fairfax County BPOL	Enter BPOL information if applicable. Information regarding BPOL is available at www.fairfaxcounty.gov/dta/business_tax.htm or questions may be directed to the Fairfax County Department of Taxation at 703-222-8234.
Type of Work (Mailing List(s))	Check any type of work/ mailing list for which you wish to be included.
Names of Officers, Members or Owners or Concerned Partnerships, Etc.	Include all names and signatures as appropriate.
Business Data	For the purpose of this application, a <u>small business</u> concern is one, which, regardless of ownership or control, has fewer than 100 employees, has a gross annual income not exceeding \$1 million, and is independently owned and operated (not a subsidiary of another firm). A <u>minority business</u> is an entity, which is operated and controlled by a minority. The terms “operated” and “controlled” shall mean that the managerial and official staff of this entity shall be comprised of minority persons sufficient in ratio and gross earnings to demonstrate that the business transactions are, in fact, controlled by minority persons and that the primary power, direct or indirect, to influence the management of this entity shall rest with minority persons or a corporation, partnership, or sole proprietorship in which minority persons collectively own, operate, control and share in earnings of 51 percent or more of such an enterprise. A <u>minority person</u> shall mean African American; Hispanic American; Asian American; American Indian; Eskimos and Aleuts; and women, regardless of race or ethnicity.



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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 Individual Partnership Corporation
(Check One) If incorporated, indicate in which state: _____

VIRGINIA CONTRACTORS LICENSE CERTIFICATE NUMBER _____ Class A Class B

FAIRFAX COUNTY BPOL (BUSINESS PROFESSIONAL OCCUPATIONAL LICENSE): _____

TYPE OF WORK (MAILING LIST(S))

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Electrical (Interior/Exterior)	<input type="checkbox"/> Paving/Asphalt-Concrete
<input type="checkbox"/> Mechanical (HVAC/Boiler/Plumbing)	<input type="checkbox"/> Elevator (Repair/Svc/Shaft Sealing)	<input type="checkbox"/> Asbestos Abatement
<input type="checkbox"/> UST's/Geotechnical	<input type="checkbox"/> Bleachers/Aud. Seats/Gym Dividers	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Energy Mgmt Control Systems	<input type="checkbox"/> Flooring (Carpet/Tile & Gym Flooring)	_____
<input type="checkbox"/> Landscaping/Excavation/Fencing	<input type="checkbox"/> Stage Curtains/Rigging & Lighting	_____
<input type="checkbox"/> Playground Equipment	<input type="checkbox"/> Painting (Interior/Exterior & Lockers)	_____

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 Small Business Persons Employed _____ Sales Employees _____ Average Number of Employees _____
 Minority Business Service Employees _____ How Long in Present Business _____

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

NAME _____	OFFICIAL CAPACITY _____
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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