



## Suppliers and Subcontractors

Thank you for your interest in Trevet. If your firm would like to become pre-qualified to do business with Trevet, please complete and submit the form to [subcontractor@trevetinc.com](mailto:subcontractor@trevetinc.com), or mail to:

9888 Carroll Centre Road, Suite 228  
San Diego, CA 92126  
Attention: Contracts Manager

### Company Identity

Company Name	<input type="text"/>
Address	<input type="text"/>
Mailing Address (if different)	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
Website	<input type="text"/>
Point of Contact	<input type="text"/>
DUNS	<input type="text"/>
CAGE CODE	<input type="text"/>
TIN/EIN	<input type="text"/>

Registered in System for Awards Management (SAM)?

Yes

No

Type of Organization

Sole Proprietorship

Partnership

Corporate Entity (non-tax exempt)

Corporate Entity (tax exempt)

Government Entity (Federal, State, or Local)

Foreign Government

International organization (per CFR 1.6049-4)

Other (explain)

Date Company Formed?

In What State?

## Common Parent Company

Owned or controlled by common parent?

Yes

No

## Name and TIN/EIN of common parent?

Name

TIN/EIN

## Company Revenue

Company's average annual gross revenue for the last three accounting years?

## North American Industrial Classification System

Primary NAICS Code

Other NAICS (separate each code with a ";" or ",")

## Small Business Status (check all that apply)

Small Business Concern

Woman-Owned

Minority-Owned

Veteran-Owned

Service Disabled Veteran Owned Business

HUBZone

SBA 8(a) certified Small Disadvantaged Business

SBA Super 8(a) - qualified Alaska Native Corporation or Native American Organization

Not a small business

## Insurance Information

Workers Compensation Experience Modification Rate (EMR)

Most Recent EMR

Most Recent DART

Effective Date

## General Liability Limits

Per Occurrence (\$)

Aggregate (\$)

Insurance Company

Insurance Agent Name

Insurance Agent Phone Number

## Document Attachments

**Please submit the information below with this form**

Certificates of Insurance

Copy of last 3 years EMRs

Copy of current OSHA 300/300A Log

DART Ratings

Signed W-9

### Attest:

**By signing this form you are certifying that, to the best of your knowledge, the above information is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name/Title

Send