

**Note:** Red indicates mandatory field.

## **SUPPLIERS AND SUBCONTRACTORS FORM**

This form is required to become pre-qualified to do business with Trevet. In addition to completing the form, please provide copies of the following documents:

- Current signed W-9 form
- Proof Certificate of Insurance to include all policies carried (i.e. General Liability, Auto, Professional Liability, Workers Compensation, Pollution, and Umbrella).
- Cop of last 3 years EMRs
- Copy of last 3 years of OSHA 300/300A Logs
- DART Ratings

**Company Name**

**Address**

**Mailing Address** (if different than above)

**Website**

**Point of Contact Name**

**Phone Number**

**Email**

**TIN / EIN**

**Cage Code**

**UEI#**

**Registered in the System for Award Management (SAM)?**    **Yes**    **No**

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

**Primary NAICS Code**

**Other NAICS Codes**

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

**Signature:**

**Date:**

**Name & Title:**