



Company Information:

Company Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

CSLB #: _____ Expiration Date: _____

DIR #: _____ Expiration Date: _____

Website: _____

Trades: _____

Number of Active Jobs: _____

Number of Employees: _____

Finance:

Previous Year Annual Volume: _____

Current Year Projected Annual Volume: _____

Bonding:

Bonding Capacity: _____ Bonding Rate: _____

Insurance/Safety:

Current EMR Rating: _____

Certifications/Status:

SBE	<input type="checkbox"/>	AABE	<input type="checkbox"/>	HBE	<input type="checkbox"/>	WBE	<input type="checkbox"/>	HUB	<input type="checkbox"/>	ABE	<input type="checkbox"/>
NABE	<input type="checkbox"/>	SBE	<input type="checkbox"/>	MBE	<input type="checkbox"/>	CBE	<input type="checkbox"/>	8aBE	<input type="checkbox"/>	SDVOSB	<input type="checkbox"/>
Affirmative Action	<input type="checkbox"/>	Union Member	<input type="checkbox"/>	Prevailing Wage	<input type="checkbox"/>						



TRICORP GROUP
CONSTRUCTION SERVICES

Estimator Information:

Name: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Cell Number: _____

Job Title: _____

Estimator Information:

Name: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Cell Number: _____

Job Title: _____

Estimator Information:

Name: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Cell Number: _____

Job Title: _____