

**FORM B**  
**CONTRACTOR CONTACT INFORMATION**

**Contractor**

Firm Name:

Authorized Representative Name:

Authorized Representative Title:

Telephone Number:

Email Address:

Secondary Contact Name:

Secondary Contact Title:

Telephone Number:

Email Address:

Is Firm a qualified DBE?  No  Yes, Qualifying Agency:

Annual Dollar value of participation: \$

**Subcontractors to Contractor**

Firm Name:

Address:

City, State, Zip

Authorized Representative Name:

Authorized Representative Title:

Telephone Number:

Email Address:

Work to be performed:

Is Firm a qualified DBE?  No  Yes, Qualifying Agency:

Annual Dollar value of participation: \$

Firm Name:

Address:

City, State, Zip

Authorized Representative Name:

Authorized Representative Title:

Telephone Number:

Email Address:

Work to be performed:

Is Firm a qualified DBE?  No  Yes, Qualifying Agency:

Annual Dollar value of participation: \$

*Attach additional pages as necessary.*