Legal Company Name:

## Subcontractor Qualification Application

DBA:



Robinson Brothers Construction 6150 NE 137th Ave., Vancouver, WA 98682 Phone: (360) 576-5359 Fax: (360) 576-7781 www.RBC-Utility.com

Certification Number:

Office Address: City: State: Zip Code: Mailing Address: City: State: Zip Code: Company Website Address: Office Email Address: Telephone: Alternate No.: Fax: Main Contact: Email Address: Telephone: Extension: Fax: Extension: Registered Agent: Email Address: Telephone: Fax: Email Address: Extension: A/R Representative: Telephone: Fax: Federal Identification No.: Year Establised: Number of Employees: State of Incorporation: Email Address: Insurance Agent: Telephone: Insurance Company:

Please attach copies of your General Automobile, Umbrella and Worker's Compensation Liability insurance certificates naming Robinson Bros. Constr., Inc. as additional insured. Each certificate must include an endorsement. (For an example visit RBC-Utility.com)

## Business Diversity Classification

Please only list a business diversity type if you have the required state, federal or qualifying agency certification. Please attach a copy of your certification.

Certifying State or Agency:

Union Shop?:(If yes, please provide Union Name & Local No.) Geographical Area Serviced:

Type of Work Performed:

Diversity Type:

I hereby certify that all of the above information provided in this questionaire is true to the best of my knowledge. I also confirm that I have reveiewed RBC's Health and Safety Program and agree to comply on all RBC projects or have submitted an alternative Health & Safety Program for RBC's approval.

Signature of Company Representative

Date

Email to: Subcontractors@RBC-Utility.com