



## SUBCONTRACTOR CONTACT FORM

Company Name: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
(Contact in which Invitation to Bid will be sent to)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Type of work qualified to perform: (Select all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 02050-DEMOLITION           | <input type="checkbox"/> 08330-COILING GRILLES & DOORS | <input type="checkbox"/> 09680-CARPET                 |
| <input type="checkbox"/> 02100-CONCRETE CUT/CORE    | <input type="checkbox"/> 08400-ENTRANCES / STOREFRONT  | <input type="checkbox"/> 09900-PAINTING/WALL COVERING |
| <input type="checkbox"/> 03300-CONCRETE             | <input type="checkbox"/> 09250-GYPSUM BOARD            | <input type="checkbox"/> 10400-SIGNAGE                |
| <input type="checkbox"/> 03305-FLOOR LEVELING       | <input type="checkbox"/> 09300-TILE                    | <input type="checkbox"/> 10670-STORAGE SHELVING       |
| <input type="checkbox"/> 04200-MASONRY              | <input type="checkbox"/> 09400-INTERIOR/EXTERIOR STONE | <input type="checkbox"/> 10800-TOILET ACCESSORIES     |
| <input type="checkbox"/> 05100-STRUCTURAL STEEL     | <input type="checkbox"/> 09500-ACOUSTICAL CEILING TILE | <input type="checkbox"/> 12498-CURTAINS/DRAPERY       |
| <input type="checkbox"/> 05300-MISC. METALS         | <input type="checkbox"/> 09548-SPECIAL CEILING SURFACE | <input type="checkbox"/> 14200-ELEVATORS              |
| <input type="checkbox"/> 06200-FINISH CARPENTRY     | <input type="checkbox"/> 09550-WOOD FLOORING           | <input type="checkbox"/> 15300-FIRE PROTECTION        |
| <input type="checkbox"/> 06400-ARCH. WOODWORK       | <input type="checkbox"/> 09650-RESILIENT FLOORING      | <input type="checkbox"/> 15400-PLUMBING               |
| <input type="checkbox"/> 06600-PLASTIC FABRICATIONS |  | <input type="checkbox"/> 15500-HVAC                   |
| <input type="checkbox"/> 07500-ROOFING              |  | <input type="checkbox"/> 16003-ELECTRICAL             |
| <input type="checkbox"/> 08100-METAL DOORS/FRAMES   |  | <input type="checkbox"/> 16500-LIGHTING               |
|   |  | <input type="checkbox"/> 16600-FIRE ALARMS            |

Specific Geographical Area You Work In: (Example: Los Angeles County, Northeast, Nationwide)

Union / Signatory: Yes [ ] No [ ] Subcontractor: [ ] Vendor/Supplier: [ ]

Business Type: [ ] Corporation [ ] Partnership [ ] Limited Liability Company [ ] Sole Proprietor [ ]  
Other (specify) \_\_\_\_\_

Please send completed form to [thomas@dickinsoncameron.com](mailto:thomas@dickinsoncameron.com)