GENERAL INFORMATION

1. COMPANY INFORMATION
   - COMPANY NAME
   - COMPANY ADDRESS
   - COMPANY ADDRESS 2
   - CITY
   - STATE
   - ZIP/POSTAL CODE
   - WEBSITE
   - COMPANY PHONE NUMBER

2. CONTACT INFORMATION
   - NAME
   - EMAIL ADDRESS

3. BUSINESS LOCATION(S)

4. LENGTH OF TIME IN BUSINESS

5. HOW IS YOUR BUSINESS SET UP?
   - SOLE PROPRIETOR
   - S CORP
   - C CORP

6. TOTAL NUMBER OF EMPLOYEES
7. **DO ANY EMPLOYEES BELONG TO A UNION?**
   
   YES ☐  NO ☐

8. **CONTRACTOR LICENSES NO.**

8. **LIST OF SERVICES YOUR COMPANY PROVIDES**

   SERVICES 1
   SERVICES 2
   SERVICES 3
   SERVICES 4
   SERVICES 5
   SERVICES 6
   SERVICES 7

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**CERTIFICATIONS AND PAST EXPERIENCE**

10. **NAICS/SIC CODES**

11. **BUSINESS CERTIFICATIONS**

   SBE ☐  DBE ☐  BART SB ☐  DVBE ☐  LGBT ☐
   OTHER (PLEASE SPECIFY) ☐

12. **LICENSE CERTIFICATION**

13. **NUMBER OF PAST BART CONTRACTS**
14. **DOES YOUR COMPANY HAVE ANY ONGOING PROJECTS?**

**PUBLIC SECTOR CLIENTS**
- INCLUDE PROJECT NAME(S)

**PRIVATE SECTOR CLIENTS**
- INCLUDE PROJECT NAME(S)

15. **COMPANY OVERVIEW AND AREAS OF NEED**

16. **COMPANY PROFILE (OVERVIEW OR PROFILE OF YOUR COMPANY)**

16. **WHAT TYPES OF SERVICES DOES YOUR COMPANY WISH TO RECEIVE FROM BART’S PRE-AWARD SMALL BUSINESS SUPPORT SERVICES?**

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<th>Statement of Qualifications</th>
<th>Value Proposition</th>
<th>Website</th>
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<td>Network Skills Training</td>
<td>Bart Procurement Portal</td>
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<td>Small Business Certification</td>
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<td>Other (Please Specify)</td>
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QUESTIONS REGARDING FILLING OUT THIS FORM: CONTACT CURTIS LINDSKOG 415-465-3753