FLUOR FERNALD CONTRACTOR INFORMATION REGISTRATION FORM

Mail This Form To:

Fluor Fernald

Small Business Office, MS44-0-S

P.O. Box 538704

Cincinnati, Ohio 45253-8704

INSTRUCTIONS: *(Print or Type)*
This form must be completed and submitted when a new contractor is being added to the contractor database

CHECK ONE: __ Add new contractor __ Change contractor information __Inactivate a contractor

SECTION A: CONTRACTOR BUSINESS ADDRESS INFORMATION

Contractor name:	Date	Originator/Name & Title/Signature

Contract Person:

Business Street Address:

City:	State:	Zip Code + 4	Foreign Zip Code:

Country	Business Phone:	Fax No.:	Toll Free No.

Year Company Established:	Number of Employees	Annual Sales $

BUSINESS CATEGORY

__ Manufacturing Service
__ Distribution

TYPE OF BUSINESS
SMALL

__ Small business
__ Small woman owned

Certified by SBA as:
__ Small disadvantaged business
Certified date:_____
__ Small disadvantaged woman owned
__ 8(a)
Certified date:_____
__ Black American
__ American Indian/Alaskan Native
__ Subcontinent Asian American
__ Hispanic American
__ Asian Pacifica
__ Hawaiian

TYPE OF BUSINESS (Continued)
LARGE

__ Minority Business
__ Large business
__ Minority woman owned
__ Woman owned

NON-PROFIT

__ Educational
__ Black college
__ Hospital
__ Other non-profit institution
__ Sheltered workshop, handicapped, federal prison

HUBZone Small Business Certified
____ Yes ____ No
If yes, date certified _____

TYPE OF BUSINESS (Continued)
STATE/LOCAL GOVERNMENT

__ Educational
__ Black college
__ Hospital
__ State/Local

OUTSIDE U.S.

__ Foreign purchases used inside U.S.

FEDERAL GOVERNMENT

__ Government Agency

OTHER

__ U.S. location foreign owner/control

__ Accept Visa/MasterCard

SECTION C: CONTRACTOR BUSINESS INFORMATION

__ Incorporated? Tax ID No:_____

__ Consultant? Social Security No:_____

__ Partnership __ Sole Proprietor

__ Dun & Bradstreet No:_____

__ QA Evaluated Supplier?

SECTION D: PRODUCT CODE INFORMATION (*See reverse if additional space is needed)*

NAISC CODE	DESCRIPTION	NAISC CODE	DESCRIPTION

)

FLUOR FERNALD CONTRACTOR INFORMATION REGISTRATION FORM(continued)

SECTION E: CONTRACTOR MAILING ADDRESS INFORMATION (Please complete if mailing address is different than the business address)

Contractor Name:

Mailing Address:

City:	State:	Zip Code + 4	Foreign Zip Code:

SECTION F: CONTRACTOR SHIPPING ADDRESS INFORMATION (Please complete if shipping address is different than the business address)

Contractor Name:

Shipping Address:

City:	State:	Zip Code + 4	Foreign Zip Code:

SECTION G: CONTRACTOR REMITTANCE (PAYEE) ADDRESS INFORMATION (Please complete if remittance address is different than the business address)

Contractor Name:

Remit to Address:

City:		State:	Zip Code + 4	Foreign Zip Code:

SECTION H PRODUCT CODE INFORMATION (*Additional Space, If needed)*

NAISC Code	DESCRIPTION	NAISC Code	DESCRIPTION

CONTRACTOR ADMINISTRATION USE ONLY