

VENDOR QUALIFICATION FORM
ALL INFORMATION PROVIDED SHALL BE REGARDED AS CONFIDENTIAL

Return Completed Package to*:



Utility Engineering Corporation
 Park Central Tower One
 Attn: Procurement Services
 1515 Arapahoe Street Suite 800
 Denver, CO 80202-2124

Phone 303-928-4400 Fax 303-928-4350

If you have been asked to complete this form by a different UE office or subsidiary, please indicate which location.		
From:		
Issue Purchase Order's To		
Street Address		
City	State	Zip
Telephone Number	Fax Number	
E-mail Address	Contact Person	
Invoicing Will Be Received From		
Street Address		
City	State	Zip
Telephone Number	Fax Number	
E-mail Address	Contact Person	
Remit Payments To		
Street Address		
City	State	Zip
Telephone Number	Fax Number	
E-mail Address	Contact Person	
1. HOW MANY YEARS HAS THE ORGANIZATION BEEN IN BUSINESS?		
• How many years at listed location?		
• How many years under present name?		
• Under what other or former name(s) has organization operated?		
• Headquarters office location:		
• Other locations:		
• Is this organization owned or controlled by another firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
• If "Yes", name, address and telephone number of firm.		

*To obtain an electronic copy of this form in MS Word for completion, please see the UE website at www.ue-corp.com. Please return electronically completed forms to: ProcurementSvs@ue-corp.com. Thank you!

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TYPE OF BUSINESS

2. CHECK ALL THAT APPLY

- Corporation State of _____
 Partnership
 Individual
 Joint Venture
 Sole Proprietor
 LLC
 Contractor
 Consultant
 Vendor
 Manufacturer
 Distributor
 Stocking Distributor
 Manufacturer's Authorized Distributor
 Local Representative
 Other _____

Do you have authority to bind the Manufacturer in a contract? Yes No

3. SIZE/DISADVANTAGE

- Native American
 African-American
 Hispanic American
 Asian-Indian American
 Asian-Pacific American
 Woman Owned
 Minority Owned
 Small Business Enterprise
 Disabled
 Other _____
 Veteran
 Disabled Veteran
 Hub Zone Business
 Minority Institution

Certification/Documentation must be attached to substantiate your classification.

4. DESCRIBE WORK, PRODUCTS, MATERIALS OR SERVICES PROVIDED

- Civil/Structural
 Geotechnical
 Earthwork
 Architectural
 Electrical
 Mechanical
 Demolition
 Environmental
 Construction
 General Contractor
 Engineering / Design
 Other _____

- List any other type of work performed by the organization's own forces.

- List types of work normally sub-contracted.

- Trade References. (Please list at least three (3) i.e.: manufacturers, subcontractors, customers) Enclose line card as applicable

NAME	ADDRESS (Include city, state, zip code and telephone numbers)

- Geographic area(s) in which service can be provided. (List states and/or cities)

- Standard Industrial Classification (SIC) codes:

5. FINANCIAL REFERENCES (Business)

- Average annual volume of work. (Last five (5) years) \$

6. PLEASE PROVIDE THE FOLLOWING ADDITIONAL ATTACHMENTS, OR IF UNABLE TO DO SO, EXPLAIN

- What is your bonding capability?
- The current and the two (2) most recent years' financial documentation including Income Statements and Balance Sheets. Financial statements must be accompanied by an explanation if they were compiled reviewed or audited. If applicable, the review, compilation analysis or opinion from the preparing Certified Public Accountant must be included and dated within the past twelve (12) months. If financial statement is not audited, please explain.
- Provide a list of major equipment and specialty tools owned to perform work.
- Provide any additional information, which would further explain the organizations interest and/or capabilities. Please list any unusual capabilities.
- Contractors: Provide a list of major work the organization has under contract as of this date.
- Contractors and Consultants: Provide a list major work organization has completed within the past five (5) years.

THE COMPANY MAY CONDUCT COMPLETE CREDIT AND/OR REFERENCE CHECKS AND OTHER TYPES OF CHECKS OR INVESTIGATIONS AS DEEMED NECESSARY. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Name of person providing information:	Title:	Date:
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REV. 03/11/2005

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W9 information

The Internal Revenue Service (IRS) requires us to report the total amount of services, interest, rents, conversion incentives and certain other payments paid to each vendor or customer during a calendar year.

Check One: Individual / Sole Proprietor Corporation Partnership Other _____

Are you exempt from backup withholding? Yes No

Federal Tax Id # _____ Manufacturer Vendor Both

Social Security # (if applicable) _____

Name and Address exactly as you will file with the IRS: (if different then purchasing information)

If you fail to provide us with your taxpayer identification number you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, payments that are made to you may be subject to backup withholding at a rate of 31%. Be sure to provide us with the correct name and number that you will be filing your federal Income tax return under. You must be consistent with the name and tax ID number that you furnish to us for all of your accounts and to your other payers in order to avoid 31% withholding from your future payments.

Signature _____

(Company Representative Signature here indicates that all information is correct)

7-23-01tlh