

Subcontractor Form

(Non-Federally Funded Contract)

A separate subcontractor form must be completed by the prime contractor for each subcontractor and/or SBE supplier that will be working or otherwise participating on the prime contract by performing all or part of the work, and/or providing goods or services. Ensuring accurate completion of this subcontractor form is the responsibility of the prospective prime contractor. Duplicate this form as needed.

All sections must be completed; no fields should be left blank. If appropriate, enter "not applicable" or "N/A"

Note: Both the prime and subcontractor authorized representatives must sign this form.

Project & Prime Contractor Information Project Title: _____

1. Prime Contractor Name: _____
2. Subcontractor Name & Address: _____
3. WCAA SBE Consideration: _____ WCAA SBE Cert# _____
4. Subcontractor Primary Contact Name/Title: _____
5. Subcontractor Primary Contact Phone Number: _____
6. Subcontractor Owners/Partners/Corporate Director/Principal Stockholders(>5% stock holdings): _____
7. State relationship, if any, between Prime Contractor & Subcontractor: _____
8. Detailed description of the work to be performed by the Subcontractor: _____
9. Subcontract amount: _____ *(if known)* 10. Percent of total contract: _____ %

Certification & Signature

Under penalty of perjury, I certify that:

- 1) I am authorized to execute this form on behalf of my firm;
- 2) I have conducted reasonable due diligence in collecting the information to be submitted on or with this form; and
- 3) I understand that this form contains material statements relied upon by the Airport Authority as a part of their decision-making process, and, based on my knowledge, the foregoing form does not contain any untrue information or omit any material fact necessary to make the information contained herein true and complete.

Prime Contractor

Authorized Representative - Printed Name	Title	Signature	Date
<u>Subcontractor (First Tier)</u>			

Subcontractor Name (First Tier) _____

Authorized Representative - Printed Name	Title	Signature	Date
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Subcontractor (Second Tier) *(if applicable)*

Subcontractor Name (Second Tier) _____

Authorized Representative - Printed Name	Title	Signature	Date
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