DJM Construction Co., Inc.

Vendor Identification & Certification

To Our Vendors:

Please complete all sections of this form and return to our office with your executed Subcontract Agreement or as soon as possible.

- IDENTIFICATION -

1. Name _____

Address _____

Mailing? _____

City _____ State _____ Zip _____

2. Employer Identification Number – _____

or

Social Security Number – – _____

- CERTIFICATION -

3. Type of Business Entity:

a. Corporation _____ Sole Proprietor _____ Partnership _____

b. Minority Owned _____

c. Woman Owned _____

If yes, list above certifications _____

_____

_____

Signature _____

Title _____

Date _____

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