



# PEASE & SONS, INC.

P.O. BOX 44100 • Tacoma, Washington 98448-0100  
10601 Waller Road East • (253) 531-7700 • Fax (253) 537-8113  
Contractor Registration No. CC01-PE-AS-ES\*302PO  
E-mail address: [Bids@peaseandsons.com](mailto:Bids@peaseandsons.com)

## Subcontractor/Supplier Questionnaire – Bid Opportunities

Please complete this form to be added to Pease & Sons' subcontractor/supplier database.

### General Information:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Contact Information (Estimating Only):

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### CSI Codes for your Scope(s) of Work:

CSI Code: \_\_\_\_\_ Description: \_\_\_\_\_  
CSI Code: \_\_\_\_\_ Description: \_\_\_\_\_  
CSI Code: \_\_\_\_\_ Description: \_\_\_\_\_

Or list primary scopes of work your firm typically performs (e.g. roofing, landscaping, painting, etc.):

\_\_\_\_\_  
\_\_\_\_\_

### Certifications:

Certification Type	Certification #
<input type="checkbox"/> Small Business	_____
<input type="checkbox"/> WBE (women-owned)	_____
<input type="checkbox"/> MBE (minority-owned)	_____
<input type="checkbox"/> MWBE	_____
<input type="checkbox"/> DBE (disadvantaged business enterprise)	_____
<input type="checkbox"/> 8(a)	_____
<input type="checkbox"/> HUBZone	_____
<input type="checkbox"/> SDVOB (service-disabled veteran owned business)	_____
<input type="checkbox"/> Veteran-owned	_____
<input type="checkbox"/> SCS (King County small contractor & supplier)	_____
<input type="checkbox"/> Native-American (list Tribal Affiliation)	_____

### Miscellaneous:

Non-Union   
Union   
Trade: \_\_\_\_\_  
Trade: \_\_\_\_\_

Completed forms should be emailed to [Bids@Peaseandsons.com](mailto:Bids@Peaseandsons.com).



"An Equal Opportunity Employer"