



Subcontractor Application

Attention: Shannon Devereaux

Company Name: _____

Company Address: _____

Phone: _____ Fax: _____

Website Address if applicable: _____

Estimating Contact Name: _____

Phone: _____

Email: _____

Years in business: _____

CCB #: _____

MWESB Status: _____ State Certification Number: _____

(Check what applies)

Demographic Availability: Portland Metro Only Entire State of Oregon WA CA

Other _____

Contract Amount Range: Lowest \$: _____ Highest \$\$\$: _____

Specific Work Divisions: _____

Please fill out and return via: Mail, Fax or Email below.

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