



GP Industrial Contractors Inc.
General Contracting & Labor Services

GP Industrial Contractors, Inc.
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SUBCONTRACTOR AND VENDOR APPLICATION

1. Company Name : _____

2. Parent Company : _____

3. Business Physical Address : _____

Mailing Address : _____

City : _____ State : _____ Texas _____ Zip Code : _____

E-mail : _____ Web Site : _____

4. Phone : _____ **Fax :** _____

5. Owner's Full Name : _____ **Title :** _____

6. Nature of Business or Principal Line of Business (list all products and/or services your firm offers) : _____

7. NAICS Code Primary : _____

NAICS Code Secondary : _____

8. Federal I.D.# or 9-digit EIN# : _____

9. Legal Business Structure :

- Sole Proprietorship
- Partnership
- Corporation
- Join Venture
- Limited Liability Corporation
- Limited Liability Partnership

11. Business Type :

- Architect/Engineer/Survey (05)
- Commodity Wholesale/Retail (07)
- Commodity Manufacturer (08)
- Heavy Construction (01)
- Building Construction (02)
- Special Trade Contractor (03)
- Other Services/Legal (06)
- Medical Services (09)
- Financial/Accountant (04)

10. Geographic Market Capabilities (check all that apply) :

- Local
- Regional
- National
- International

12. Date Company Established : _____

13. Date Incorporated : _____

14. Date you acquired majority ownership of the Company : _____

15. Number of Currents Employees : Full Time : _____ Part Time : _____

16. Business Reference :

Company Name	Your Buyer or Contact	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Gross Revenue : \$ _____ For Year : _____

18. Banking Reference :

Name of the Bank : _____ Phone : _____

19. Business Insurance Coverage's :

Coverage	Amount	Carrier
Workmen's Compensation	_____	_____
Comp. General Liability	_____	_____
Automobile Liability	_____	_____
Excess (Umbrella) Liability	_____	_____
Bonding	_____	_____

20. If license or permit is required to provide product or service, give information as follows :

Name of License Holder	Type of License/Permit	License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Ownership & Management : list the names of proprietors (self included), partners, officers, directors, stockholders, and any other persons who have any ownership interest in the business. Ethnic Origin Code: Asian Pacific Americans - AS; Black Americans - BL; Hispanic Americans - HI; Native Americans - AI; and American Woman - WO. Gender Codes: Female - "F"; and Male - "M".

<u>Name /Title</u>	<u>Ethnic Origin</u>	<u>Gender</u>	<u>% of Ownership</u>	<u># of Hours</u>	<u>U.S. Citizen</u>	<u>(SSN) Social Security Number</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

22. Identify those individuals who have day-to-day operations and policy decision-making responsibility for the company; may negotiate/sign financial contracts; may hire and fire personnel :

For profit businesses (sole proprietorships, partnerships, corporations, limited partnerships/companies, joint ventures), where at least 51% of the assets and interest of all classes of stock and equitable securities are owned by one or more persons meeting the Minority criteria, and operated by who own it.

23. Has your business ever been denied certification as a Minority or Woman-Owned Business (M/WBE) or denied certification as a Disadvantaged Business Enterprise (DBE) by an organization? _____

24. Plant/Warehouse Information (if applicable) :

Address : _____ City : _____ State : _____ Texas _____

Zip Code : _____ Phone # : _____ Manager : _____

Production Manager : _____ Quality Manager : _____

25. Equipment Information (if applicable) :

Equipment Type : _____

Equipment Type : _____

Owned or Lease (Check One)

Owned or Lease (Check One)

Owned Leased

Owned Leased

Quantity (In this type of Equipment) : _____

Quantity (In this type of Equipment) : _____

Size : _____

Size : _____

Limitations : _____

Limitations : _____

26. Management Information (Applicable for Corporation ONLY) :

A. List the names of :

Each proprietor, partner, officer, director and stockholder. The names listed should include minority group members and non-minority group members :

Name

Name

B. Where the person above is a minority group member, insert the appropriate code letter corresponding to the minority group in which he/she claims membership in accordance with the following :

<u>A = Black American</u>	<u>E = Eskimo</u>
<u>B = Hispanic American</u>	<u>F = Aleut/Oriental</u>
<u>C = Woman Owned</u>	<u>G = Asian American/East Indian</u>
<u>D = Native American Indian</u>	<u>H = Non Minority</u>

Name/Tile

Minority Member Group Letter

% of Ownership

1. _____
 2. _____
 3. _____
 4. _____

