

**BUSINESS REGISTRATION**

John F. Kennedy International Airport Central Terminal Area Roadways, Utilities, and Ground Transportation Center Project

Please email completed Business Registration Form to **JFKRoadwaysUtilities@tutorperini.com** Any questions contact Michelle Thompson-Strickland, Diversity Coordinator at 914.739.1908 or MThompson@perini.com

Company Name: \_\_\_\_\_

Principals: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)Phone: \_\_\_\_\_ Office \_\_\_\_\_ Direct \_\_\_\_\_  
\_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Business Type: \_\_\_\_\_ Use pull down menu. Specialty: \_\_\_\_\_ Use pull down menu.

Certification Type: (Check all that apply.)

Port Authority ☐ MBE ☐ WBE ☐ MWBE ☐ DBE ☐ LBE ☐ SBE ☐ SDVOBEmpire State Development ☐ MBE ☐ WBE ☐ MWBE ☐ SDVOB

Other, Explain \_\_\_\_\_

Union: ☐ No ☐ Yes If Yes, List Union \_\_\_\_\_  
Affiliations: \_\_\_\_\_

Business Size: \_\_\_\_\_ Use pull down menu. Largest Contract \_\_\_\_\_ Average Contract \_\_\_\_\_

Insurance: \_\_\_\_\_  
Single Aggregate\_\_\_\_\_  
Name of Carrier Name of Contact PhoneBonding: \_\_\_\_\_  
Capacity\_\_\_\_\_  
Name of Firm Name of Contact PhoneEMR (Most Recent Year): \_\_\_\_\_  
ERM Year

