

**SUBCONTRACTOR / VENDOR REGISTRATION FORM**

If you would like to register to be in our directory of subcontractors and vendors, please fill out the form below. This form will ensure your company's information is available to our Estimating Department. Once the Subcontractor / Vendor Registration Form is completed please email Arlene McBayne D/M/WBE Administrator at [amcbayne@perini.com](mailto:amcbayne@perini.com). Any questions contact Arlene McBayne, at 914.739.1908 or [amcbayne@perini.com](mailto:amcbayne@perini.com).

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

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Office \_\_\_\_\_ Direct \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

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

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

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

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

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

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

Ownership: \_\_\_\_\_  
(Optional) Use pull down menu.

Year Established: \_\_\_\_\_

**Certification Type:** (Check all that apply.)

- Port Authority  MBE  WBE  MWBE  DBE  LBE  SBE  SDVOB
- Empire State Development  MBE  WBE  MWBE  SDVOB
- Unified Certification Program  NY  NJ  Other \_\_\_\_\_
- Maryland DOT  MBE  DBE
- Virginia DOT  SWaM  DBE
- DC DOT  DBE
- US Dept. of Veteran Affairs  VOSB  SDVOB
- Other, Explain \_\_\_\_\_

**NAICS Codes:** (Please list all that apply.)

*This information is mandatory - you will not receive project invitations without listing your NAICS codes.*

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

Other(s): \_\_\_\_\_

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

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

Gross Annual Receipts: 2018 \_\_\_\_\_ 2019 \_\_\_\_\_ 2020 \_\_\_\_\_

Insurance: \_\_\_\_\_  
Single Aggregate  
\_\_\_\_\_  
Name of Carrier Name of Contact Phone

Bonding: \_\_\_\_\_  
Capacity  
\_\_\_\_\_  
Name of Firm Name of Contact Phone

EMR (Most Recent Year): \_\_\_\_\_  
EMR Year

**Registrant is encouraged to attach any additional information, i.e.,  
Capability Statement, references, etc.**

**FOR TUTOR PERINI USE ONLY**

Reviewer: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Referred to: \_\_\_\_\_  
Firm Contact Date  
\_\_\_\_\_  
Firm Contact Date