

PROJECT SPECIFIC BUSINESS REGISTRATION

Midtown Bus Terminal Replacement Program Staging and Storage Facility & Ramp Structure Project

Please email the completed Business Registration Form to solicitations@tutorperini.com. Any questions contact Mitchell Thompson-Strickland, Diversity Coordinator at mthompson@perini.com or (914) 739-1908.

Company Name: _____

Principals: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Office _____ Direct _____
_____ Fax _____ Mobile _____

Contact Person: _____

Email: _____

Website: _____

Federal Tax ID: _____

Business Type: _____ **Specialty:** _____
Use pull-down menu. Use pull-down menu.

Certification Type (Check all that apply):

Port Authority ☐ **MBE** ☐ **WBE** ☐ **MWBE** ☐ **DBE** ☐ **LBE** ☐ **SBE** ☐ **SDVOB**

Other, Explain _____

Union: ☐ No ☐ Yes If Yes, List Union _____

Affiliations _____

Business Size: _____ **Largest Contract** _____ **Average Contract** _____
Use pull-down menu.

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** _____

Tutor Perini Corporation

Scopes of Work (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Concrete Pumping & Special Placement | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Construction Aids | <input type="checkbox"/> Photo's & Construction Progress Documentation |
| <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Piles & Caissons |
| <input type="checkbox"/> Excavation & Fill | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Excavation Support & Protection | <input type="checkbox"/> Quality Control |
| <input type="checkbox"/> Excavation, Removal & Handling of Hazardous Mate | <input type="checkbox"/> Sanitary Waste & Vent Piping |
| <input type="checkbox"/> Exterior Signage | <input type="checkbox"/> Security Access & Surveillance |
| <input type="checkbox"/> Fences & Gate | <input type="checkbox"/> Site Clearing |
| <input type="checkbox"/> Geotechnical Data | <input type="checkbox"/> Site Demolition |
| <input type="checkbox"/> Groundwater Treatment System | <input type="checkbox"/> Site Monitoring |
| <input type="checkbox"/> Hazardous Material Remediation & Abatement | <input type="checkbox"/> Sound, Vibration & Seismic Control |
| <input type="checkbox"/> Instrumentation & Monitoring | <input type="checkbox"/> Storm Drainage |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Storm Drainage Piping |
| <input type="checkbox"/> Interior Signage | <input type="checkbox"/> Structural Steel |
| <input type="checkbox"/> Masonry Unit | <input type="checkbox"/> Structural Steel Erection |
| <input type="checkbox"/> Material Transport | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Off-site Transportation & Disposal | <input type="checkbox"/> Traffic Signs |
| <input type="checkbox"/> Paints & Coating | <input type="checkbox"/> Traffic Signs & Signal |
| <input type="checkbox"/> Paving Specialties | <input type="checkbox"/> Utility Service |
| <input type="checkbox"/> Permit Application | |

Other Scopes Not Identified Above: _____

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

FOR PRIME USE ONLY

Reviewer: _____ Date of Review: _____

Reviewer: _____ Date of Review: _____

Comments: _____

Referred to: _____
Firm Contact Date

Firm Contact Date