



**FIRM DATA SHEET**

Company's Full Legal Name										
Firm's Address										
City	State	Zip Code								
Telephone Number	Fax Number	E-mail Address								
Contact Name (First & Last)										
Product/ Service Category		Age of Firm								
Firm's DBE* Status: DBE <input type="checkbox"/> Certification expiration date _____  Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Ethnicity : Black American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Non-minority women <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> _____ Subcontinental Asian American <input type="checkbox"/>  Non-DBE <input type="checkbox"/>										
*Disadvantaged Business Enterprise (DBE) Certification by VDOT only										
Annual Gross Receipts For the Firm's fiscal year ending _____ (Date)  PLEASE CHECK THE APPROPRIATE BRACKET  <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> <i>Less than \$100,000</i></td> <td><input type="checkbox"/> <i>\$1 million to \$2 million</i></td> </tr> <tr> <td><input type="checkbox"/> <i>\$100,000 to \$250,000</i></td> <td><input type="checkbox"/> <i>\$2 million to \$5 million</i></td> </tr> <tr> <td><input type="checkbox"/> <i>\$250,000 to \$500,000</i></td> <td><input type="checkbox"/> <i>\$5 million to \$10 million</i></td> </tr> <tr> <td><input type="checkbox"/> <i>\$500,000 to \$1 million</i></td> <td><input type="checkbox"/> <i>\$10 million or greater</i></td> </tr> </table>			<input type="checkbox"/> <i>Less than \$100,000</i>	<input type="checkbox"/> <i>\$1 million to \$2 million</i>	<input type="checkbox"/> <i>\$100,000 to \$250,000</i>	<input type="checkbox"/> <i>\$2 million to \$5 million</i>	<input type="checkbox"/> <i>\$250,000 to \$500,000</i>	<input type="checkbox"/> <i>\$5 million to \$10 million</i>	<input type="checkbox"/> <i>\$500,000 to \$1 million</i>	<input type="checkbox"/> <i>\$10 million or greater</i>
<input type="checkbox"/> <i>Less than \$100,000</i>	<input type="checkbox"/> <i>\$1 million to \$2 million</i>									
<input type="checkbox"/> <i>\$100,000 to \$250,000</i>	<input type="checkbox"/> <i>\$2 million to \$5 million</i>									
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<input type="checkbox"/> <i>\$500,000 to \$1 million</i>	<input type="checkbox"/> <i>\$10 million or greater</i>									
<b>FOR OFFICE USE ONLY</b>										
Department	Request Date									
PO#										
Contractor <input type="checkbox"/>	Sub-contractor <input type="checkbox"/>	Contract Goal Yes ___ No ___								

CONFIDENTIALITY NOTE: The information entered on this form is legally privileged and confidential information intended solely for the use of GRTC Transit System. This information, in accordance with federal guidelines, will be kept strictly confidential and will only be provided to a third party with the firm's written consent.