

CURRENT BUSINESS INFORMATION

FIRM NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

BUSINESS PHONE _____ FAX _____ CELL _____

BUSINESS EMAIL ADDRESS _____

BUSINESS WEBSITE ADDRESS _____

BUSINESS CONTACT PERSON _____

HAS THE OWNERSHIP OF YOUR BUSINESS CHANGED? YES NO

(If so, please provide supporting documentation)

HAS THE BUSINESS STRUCTURE CHANGED? (i.e., Changed from a Sole Proprietor to a LLC)

YES NO *(If so, please provide supporting documentation)*

HAS THE MANAGEMENT OF YOUR BUSINESS CHANGED? YES NO

(If so, please provide supporting documentation)

EMPLOYER IDENTIFICATION NUMBER (EIN) _____

AASHTOWare VENDOR ID _____

(If none, please register here: <https://iris-vss.alaska.gov/>)

FOR BIDDING OPPORTUNITIES PLEASE REGISTER YOUR BUSINESS

<http://www.dot.state.ak.us/procurement/index.shtml>

WHICH AREA OF THE STATE DO YOU WISH TO PROVIDE YOUR SERVICES?

Northern Region Central Region Southcoast Region Statewide

WHAT IS YOUR FIRM'S BONDING LIMIT? _____

(Please provide supporting documentation)

Signature of Business Owner

Date

DESCRIBE THE CHANGES TO YOUR BUSINESS OWNERSHIP:

DESCRIBE THE CHANGES TO YOUR BUSINESS STRUCTURE:

DESCRIBE THE CHANGES TO YOUR BUSINESS MANAGEMENT:
