

Vendor Registration for Bid Notifications

COMPANY NAME

LEGAL NAME: _____

DBA (If Applicable): _____

MAILING ADDRESS

STREET: _____

CITY, STATE: _____

ZIP: _____

CONTACT FOR BIDS

NAME: _____

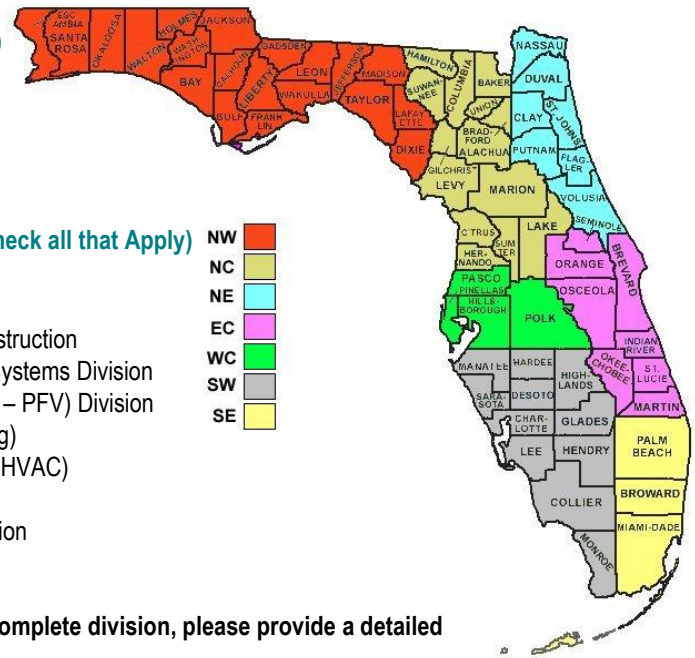
PHONE: _____

EMAIL: _____

OUR COMPANY IS A: (Select from Dropdown Menu)

WE SERVICE THE FOLLOWING AREAS OF FLORIDA: (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> EC – East Central |
| <input type="checkbox"/> NW – Northwest | <input type="checkbox"/> WC – West Central |
| <input type="checkbox"/> NC – North Central | <input type="checkbox"/> SW – Southwest |
| <input type="checkbox"/> NE – Northeast | <input type="checkbox"/> SE – Southeast |



OUR SCOPE OF WORK/SUPPLY INCLUDES THE FOLLOWING TRADES: (Check all that Apply)

- | | |
|--|---|
| <input type="checkbox"/> Division 1 – General Requirements | <input type="checkbox"/> Division 11 – Equipment |
| <input type="checkbox"/> Division 2 – Sitework / Civil | <input type="checkbox"/> Division 12 – Furnishings |
| <input type="checkbox"/> Division 3 – Concrete | <input type="checkbox"/> Division 13 – Special Construction |
| <input type="checkbox"/> Division 4 – Masonry | <input type="checkbox"/> Division 14 – Conveying Systems Division |
| <input type="checkbox"/> Division 5 – Metals | <input type="checkbox"/> 15 – Mechanical (Process – PFV) Division |
| <input type="checkbox"/> Division 6 – Wood and Plastics | <input type="checkbox"/> 15 – Mechanical (Plumbing) |
| <input type="checkbox"/> Division 7 – Roofing | <input type="checkbox"/> Division 15 – Mechanical (HVAC) |
| <input type="checkbox"/> Division 8 – Doors and Windows | <input type="checkbox"/> Division 16 – Electrical |
| <input type="checkbox"/> Division 9 – Finishes | <input type="checkbox"/> Division 17 – Instrumentation |
| <input type="checkbox"/> Division 10 – Specialties | <input type="checkbox"/> Other: See Below |

If your scope of work/supply is not listed above or does not encompass a complete division, please provide a detailed description of your company's scope of work/supply below:

If your firm is certified as a minority or small business firm, please indicate below:

Agency Certified By	Type of Certification

Please include the following documentation, if applicable, with your completed form and email to bids@pkflorida.com.

1. W-9 Form / Sunbiz report
2. Evidence of insurance coverage
3. Copies of Florida Contractor Licenses and/or Local Occupational Licenses
4. Copies of Minority / Small Business Letters and/or Certificates
5. Safety Record Documentation for past 3 years (OSHA 300/300A logs and EMR data)