



# Public Works Agency

951 Turner Court Room 100  
 Hayward, CA 94545  
 Contract Compliance Office  
 Phone (510) 670-5243 or 670-6407

**CONTRACTING INTEREST  
 SURVEY**  
 FAX (510) 670-5269

1. FIRM NAME		1a. DATE		2. INITIAL REQUEST OR UPDATE (CIRCLE ONE)	
3. MAILING ADDRESS	CITY	STATE	ZIP	4. TELEPHONE	
5. REMITTANCE ADDRESS	CITY	STATE	ZIP	FAX	
6. TYPE OF ORGANIZATION (CHECK ONE)	a. INDIVIDUAL	NAME OF OWNER	S/S #	TAX PAYER I.D. NUMBER (TIN)	
	b. PARTNERSHIP	PARTNERS NAMES	FED I.D. NO.	USE ADDITIONAL SHEETS AS NEEDED	
	c. CORPORATION	STATE	NON-PROFIT YES NO	TYPE:	
			MEDICAL SERVICE PROVIDER YES		
	d. CONTRACTOR'S AND/OR BUSINESS LICENSE NUMBER: TYPE: ISSUED BY:				
7. Are you certified as a minority-owned or woman-owned business? If yes, certified by: Certification No. and expiration date:					
8. COMPOSITION OF OWNERSHIP		YES	NO	% OF OWNERSHIP	
Is this business owned and managed by a female?  (If yes, must be at least 51% female owned)		(Indicate at right the percent of ownership)		NATIVE AMERICAN %	ASIAN OR PACIFIC ISLANDER %
				AFRICAN AMERICAN %	HISPANIC %
Is this business owned and managed by a minority?		YES	NO	CAUCASIAN %	
9. If this firm is interested in public/government contracts, complete the following: Type of work:					
Small construction projects less than \$75,000	YES	NO	YES	NO	
Large construction projects: Road			YES	NO	
Flood			YES	NO	
Building			YES	NO	
Would you bid as a prime contractor?			YES	NO	
Are you interested in subcontract work?			YES	NO	
Describe any consulting/professional services this firm provides:					
Signature		Name and E-mail address			
Date		Title			