

DATE: \_\_\_\_\_

## Non-Prequalified Contractor Information Form

Return this completed form to: Office Engineer Division, 200 NE 21<sup>st</sup> St., Oklahoma City, OK 73105

Contractors' ID# (FEI):		
Company Name:		
Street Address:		
City:	State:	Zip:
Telephone:	Fax:	
Email Address:		
Incorporated in what State:		
Service Agent:		
Work Classification:	Working Capital: \$	
President/Owner:	_____	_____
	Print:	Sign:
Individuals (Officers) Authorized to Sign Contracts & Proposals and their capacity within the Company:		
Name:	Title:	Signature:
Name:	Title:	Signature:
Financial Statement year end:	Last Project Completion Date:	

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

Seal