



**ROUTE 495 HOT LANES IN VIRGINIA PROJECT
DBE/SWaM BUSINESS QUESTIONNAIRE**

Please complete and return the following questionnaire. This information will assist us in accurately identifying the type of work you perform. All information submitted will be considered confidential and handled accordingly.

GENERAL		
NAME OF BUSINESS	STREET ADDRESS	CITY, STATE, ZIP CODE
CONTACT PERSON AND TITLE	TELEPHONE FAX	EMAIL
DBE/SWaM CERTIFICATION		
CERTIFIED BY <u>VDOT'S</u> CIVIL RIGHTS PROGRAM	CHECK APPLICABLE BOX	
DBE#: _____ Expires: _____	DBE: <input type="checkbox"/> DBE	
SWaM#: _____ Expires: _____	SWaM: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE (Small BE)	
ORGANIZATION		
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		
DATE FOUNDED:	UNDER PRESENT MANAGEMENT SINCE:	
BONDABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	SINGLE JOB BONDING LIMIT: \$	
AVERAGE ANNUAL DOLLAR VOLUME OF YOUR FIRM: \$		
UNION CONTRACTOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
BIDDING INTEREST		
<input type="checkbox"/> SUBCONTRACTOR <input type="checkbox"/> SUPPLIER <input type="checkbox"/> SERVICE PROVIDER		
PLEASE LIST THE TYPES OF WORK/SERVICES/MATERIALS YOU WOULD LIKE TO PROVIDE TO THIS PROJECT. PLEASE INCLUDE VDOT WORK CODES AND DESCRIPTIONS WHERE APPLICABLE AND NOTE WHETHER YOU ARE VDOT PREQUALIFIED TO PERFORM THE TYPE OF WORK LISTED.		
QUESTIONNAIRE COMPLETED BY	TITLE	DATE
RETURN QUESTIONNAIRE TO: Fluor-Lane, LLC Attention: DBE/SWaM Coordinator Postal Address: 6315 Bren Mar Drive, Suite 250, Alexandria, VA 22312 Facsimile: 571.527.3636 email: db-swam@fluor-lane.com		