



**SUBCONTRACTOR / VENDOR
QUESTIONNAIRE**

1. Organization General Information:

Name of Business: _____
Street Address: _____
Post Office Address: _____
City, State, and Zip: _____
Telephone Number: _____ Fax Number: _____
Key Contact for Bidding: _____ E-Mail: _____

2. License Information:

TYPE OF LICENSE OR WORK LICENSED FOR	FEDERAL or STATE	LICENSE NUMBER
Federal Employer Identification Number	Federal	
Hawaii State General Tax Payer Number	State	
Contractor /Professional License Number		

3. Organization of Business:

This firm is a: Corporation or LLC Partnership or Joint Venture
 Sole Proprietorship
Date founded: _____ If Corporation, State of Incorporation: _____

Name and Titles of Officers or Principals: _____

Which, if any, of the following, is your firm currently certified as?
 Minority Business Enterprise (MBE), Women Business Enterprise (WBE),
 Disadvantaged Business Enterprises (DBE), Disabled Veteran Business Enterprise (DVBE),
or Emerging Small Business (ESB)

Is your firm a Small Business Concern as defined by the SBA? Yes No
(\$7,000,000 Annual receipts for Specialty Subcontractors)

How many years has your firm been in business? _____ Under present business name? _____

Under what other or former names has your firm operated? _____

Is your firm owned or controlled by and other organization?

List any other organizations or subsidiaries owned or controlled by your firm or its officers: _____

Return To: Alan Shintani, Inc. 2020B Kahai St., Honolulu, HI 96819
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