

**McLaren Engineering Group
Vendor Supplier Prequalification Application**

INSTRUCTIONS: Please complete each item and return this form to **forms@mgmclaren.com**. Do not leave any questions blank in the Mandatory Section. If a question is not applicable to your business, insert "N/A" in the space provided. Whenever the space is insufficient to answer a question completely, attach additional sheets as necessary.

Section I: Mandatory Information Required:

COMPANY NAME:	<hr/>		
OTHER COMPANY NAMES USED:	<hr/>		
STREET ADDRESS:	<hr/>		
CITY:	STATE:	ZIP CODE:	
<hr/>	<hr/>	<hr/>	
TELEPHONE #:	<hr/>		
PRIMARY CONTACT:	<hr/>		
TITLE:	<hr/>		
EMAIL:	<hr/>		
FIRM WEBSITE:	<hr/>		
# OF EMPLOYEES:	EIN# or SS#:	YEAR ESTABLISHED:	
<hr/>	<hr/>	<hr/>	
DUNS#:	<hr/>		

TYPE OF BUSINESS:

Place an 'X' in the applicable box (only choose one)

Corporation	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
LLC	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>
Non-Profit Organization	<input type="checkbox"/>

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BUSINESS CLASSIFICATION / CERTIFIED AGENCY(IES):

AGENCY / JURISDICTION	CERTIFICATION TYPE	EXPIRATION (MM/DD/YYYY)

Example Inputs:

AGENCIES: Allegheny County, CTDOT, MTA, NYCSBS, Niagara Frontier Transportation Authority, NJ Department of Revenue and Enterprise, NJ Transit, NJDOT, NYNJMSDC, NYSDOT, PANYNJ, PennDOT, Philadelphia International Airport, Port Authority of Allegheny County, SEPTA
JURISDICTION: NYS, NYC, NJ, PA, CT, MD, FL
CERTIFICATION TYPE: DBE, DVOB, ESBE, MBE, SBE, SDVOB, VOB, WBE

COMMODITY CODES:

Please list the NAICS/NIGP/SIC Commodity Codes associated with your firm’s Agency Certification.
(For multiple Commodity Codes, please separate by comma.)

NAICS	
NIGP	
SIC	

PROOF OF CERTIFICATION:

Please Attach Documentation Evidencing Certification Status
(If not certified but have applied for certification, please provide evidence of filing, including the filing date)

OTHER BUSINESS LOCATION(S):

(Different from what is listed on page 1)
Add additional lines if needed

STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:		

STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:		

STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE #:		



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STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

TELEPHONE #: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

TELEPHONE #: _____

ADDITIONAL QUALIFICATIONS:

Please attach the following documentation:

- Company SF330
- Corporate Brochure
- Sample Certificate of Insurance
- Multiplier and List of Fully Burdened Hourly Rates

Section II: Optional Information Required:

GSA CONTRACT:

Does your firm hold a GSA Contract?

Yes _____

No _____

If yes, identify:

SIN(S): _____

CONTRACT #: _____

CONTRACT PERIOD: _____

BUSINESS SIZE: _____