



CONTRACTOR CONTACT INFORMATION

Company: _____
Address: _____
City, State, Zip: _____
Phone: _____ Representative: _____
Fax: _____ Title/Position: _____
Email: _____ Cell: _____

CONTRACTOR ORGANIZATION INFORMATION

Type of Company: Sole Individual Minority Business Enterprise
 Partnership Disadvantaged Business Enterprise
 Joint Venture
 Corporation (STATE _____)

Years in Business: _____

Type of Work: A/E Design _____
(check all that apply) Heavy Construction _____
 Carpentry _____
 Concrete _____
 Electrical _____
 Environmental _____
 Heavy Construction _____
 HVAC _____
 Ironwork _____
 Masonry _____
 Mechanical _____
 Painting _____
 Plumbing _____
 Roofing _____
 Trucking _____
 OTHER _____

List activities for each type

SUBMISSION INSTRUCTIONS

Applicant must submit a complete copy of this registration form to the Tri-City Regional Port District either by mail (1635 West First Street, Granite City, Illinois 62040) or electronically by email (engineering@tricityport.com). All contact information will be kept on file for inclusion within announcement emails of future projects.

Upon submission of this Contractor Registration Form, a reply will be sent via email confirming its receipt within five (5) business days. Please refer to www.tricityport.com/bidopenings for updates regarding projects currently out for public bidding.