

CITY OF BEAVERTON

PERSONAL / PROFESSIONAL SERVICES CONTRACT: SUBCONTRACTOR DISCLOSURE FORM 1

Company Name: _____ Project Name: _____

LIST ALL SUBCONTRACTORS—CERTIFIED AND NON-CERTIFIED

ALL SUBCONTRACTORS (Use the Subcontractor's complete legal name)	DESCRIPTION OR SCOPE OF WORK (TYPE OF WORK TO BE PERFORMED)	DOLLAR VALUE OF SUBCONTRACT	LIST ALL CERTIFICATIONS (ESB; MBE, WBE, SDV, DBE, ACDBE)
Name _____ Address _____ City/St/Zip _____ Phone _____			
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***ESB**: Emerging Small Business; **MBE**: Minority-owned Business; **WBE**: Women-Owned Business; **SDV**: Service-Disabled Veteran-Owned Business;
DBE & ACDBE Disadvantaged Business Enterprise