**SAP VENDOR NUMBER** 

## PENNSYLVANIA DEPARTMENT OF GENERAL SERVICES

Invitation to Qualify: Rental of Highway and Other Equipment (Complete in INK or TYPE only – DO NOT use pencil)

**READ ALL Directions/Instructions in Part I Before Completing This Page.** 

## CONTRACTOR MUST COMPLETE ALL APPLICABLE AREAS

(All vendors must register with the Commonwealth at www.pasupplierportal.state.pa.us):		
CONTRACTOR NAME & ADDRESS: If SOLE PROPRIETOR is doing business as (d/b/a) another name, see instructions in Part II, attached:		
CONTACT PERSON:		
PHONE NUMBER:		-4111
FAX NUMBER:		
E-MAIL ADDRESS:	E OFF	
SMALL BUSINESS MBE-WBE DETERMINATION		
Small Business – less than 100 employ	ees with annual sales of less t	han 20 million
MBE-WBE – Minority or Women Owned Business		
Does not apply		
CONTRACTOR'S SIGNATURE CORPORATION: One Signature of a Senior Off President, Senior Vice-President, Executive Vice-Pre Operating Officer. Any other signature must be acce the organization.	ficer and Title Designation is esident, Assistant Vice-Preside	Required Chairman, President, Vice- ent, Chief Executive Officer, Chief
SIGNATURE	DATE	TITLE
LIMITED LIABILITY COMPANY – Manager o	r Member	3 3 3
SIGNATURE	DATE	TITLE
SOLE PROPRIETORSHIP – Owner Only		السالال
	3/1	OWNER
SIGNATURE	DATE	TITLE
PARTNERSHIP – One General Partner Only		
SIGNATURE	DATE	GENERAL PARTNER TITLE
L		