

Subcontractor Data Collection Form

TDX Government Services is committed to providing opportunities to Small Businesses with a wide range of backgrounds. Information collected will be placed in a database for future use to help in the selection of subcontractors as contract opportunities become available. If you would like more information about this process please contact our Contracting Department contracting@bseak.com or (907) 278-2311 (ask for contracting dept.)

Subcontractor Information	Name of Subcontractor:				Date:	
	Address:					
	City:		State:		Zip Code:	
	Contact Name:					
	Phone:		Email:			
	Alternate Contact Information:					
	Have you done business with a Bering Sea Group company in the past?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary North American Industry Classification System (NAICS) Code:					
	Secondary NAICS Code:			DUNS No.:		
	Employer Identification No. (EIN):			CAGE Code:		
Form of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____						
Business Status (check all that apply):						
<input type="checkbox"/> Small Business <input type="checkbox"/> Woman Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Disabled Veteran Owned <input type="checkbox"/> HUB Zone <input type="checkbox"/> Minority Owned (specify: _____) <input type="checkbox"/> 8(a) Certified						
Workers Compensation Experience Modification Rating (EMR) for last 3 years:						
Current: _____ Year 2: _____ Year 3: _____						
Annual Gross Revenue (last three completed fiscal years):						
Current: _____ Year 2: _____ Year 3: _____						
Average Number of Employees (last fiscal year): _____						
Are there any judgments, claims or suite pending against your company?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any bankruptcy or reorganization Proceedings?						<input type="checkbox"/> Yes* <input type="checkbox"/> No
Have you received any regulatory (EPA, OSHA, etc.) citations in last three years?						<input type="checkbox"/> Yes* <input type="checkbox"/> No
Do you have a written Health & Safety Program?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Substance Abuse Program (pre-employment, for-cause, and random testing)?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company NIST 800-171 / DFARS 252.204-7012 Cybersecurity compliant?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been debarred, or proposed for debarment, for federal contract opportunities?						<input type="checkbox"/> Yes* <input type="checkbox"/> No
TDXG Verified: _____						
Required Documentation:						
<ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• OSHA 300 Reports (past three years); <li style="display: inline-block; width: 45%;">• Signed Automated Clearing House (ACH) authorization (attached) <li style="display: inline-block; width: 45%;">• Signed Form W-9 (attached); <li style="display: inline-block; width: 45%;">• Table of Contents of Health and Safety Program (if applicable) 						

** A detailed response to a "yes" response is required.*

Please email completed form to contracting@bseak.com. For questions please call (907) 278-2311 (ask for contracting department).