

INFORMATION SHEET

Firm Name

☐ HUB Certified

**If HUB,
Specify Type**

☐ Female

☐ Disabled

☐ American Indian

☐ Asian-American

☐ Hispanic

☐ Black

☐ Socially &
Economically
Disadvantaged

Point of Contact

E-mail Address

Street Address

City

State

Zip Code

County

Phone

Fax

Type of Firm (e.g., Architectural, Civil
Engineering, Surveying, Etc.)

Consulting Firms

Architectural:

☐ Check If
HUB

Mechanical:

☐ Check If
HUB

Electrical:

☐ Check If
HUB

Plumbing:

☐ Check If
HUB

Structural:

☐ Check If
HUB

Civil:

☐ Check If
HUB

Landscape:

☐ Check If
HUB

Interior
Design:

☐ Check If
HUB

Other(specify type):

☐ Check If
HUB

Other(specify type):

☐ Check If
HUB