On-Call Consultant Selection Contact Form

Designated Point of Contact for Statement of Qualifications

|  |
| --- |
| Point of Contact Name and Title       |
| Firm Name       |
| Address       |
| City       | State       | Zip       |
| Telephone       | Email       |

Addresses of multiple office locations of firm (if applicable)

|  |
| --- |
| Address       |
| City       | Phone       |
| Address       |
| City       | Phone       |
| Address       |
| City       | Phone       |
| Address       |
| City       | Phone       |

Diverse Business Certifications (if applicable)

***Certification issued by the Washington State Office of Minority and Women’s Business Enterprise (OMWBE)***

[ ]  Minority Business Enterprise (MBE)

[ ]  Woman Business Enterprise (WBE)

[ ]  Minority Women Business Enterprise (MWBE)

***Certification issued through the Washington State Department of Veteran’s Affairs***

[ ]  Veteran Owned Business

***Certification issued through Washington Electronic Business Solution (WEBS)***

[ ]  Small Business Enterprise (SBE)