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)