

FORM 3 - BUSINESS DATA SHEET**PAGE 1 OF 2****TO BE COMPLETED BY PRIME AND ALL SUBCONTRACTORS LISTED ON FORM 1**

Completion of this Form and Form 1 (or Form 4) fulfills the requirements of the California Subletting & Subcontracting Fair Practices Act.

PART A: BUSINESS DATA

1. Business Name: _____
2. IFB/RFP/RFIQ Number: _____
3. Project Name: _____
4. Is your business currently **SBE** certified by Metro?
(If marked "SBE", a copy of the certification letter for this business must be attached to this Form)

SBE	Non-SBE
☐	☐
5. Is your business Metro certified as a Local SBE (LSBE) firm?
(If yes, LSBE certification date): _____

YES	NO
☐	☐
6. Is your business currently a **DVBE** certified by the CA Department of General Services?
(If marked "DVBE", a copy of the certification letter for this business must be attached to this Form)

DVBE	Non-DVBE
☐	☐
7. Is your business currently participating in a Joint Venture?
(If answered YES, a copy of the Joint Venture Agreement must be attached to this Form)

YES	NO
☐	☐
8. Name of Joint Venture and Partners. Is this business currently a certified SBE/DVBE?

	SBE	DVBE	Non-Cert.
a. Business Name: _____ Name of Certifying Agency: _____	☐	☐	☐
b. Business Name: _____ Name of Certifying Agency: _____	☐	☐	☐
c. Business Name: _____ Name of Certifying Agency: _____	☐	☐	☐
9. Primary Business Address: _____
(Street) (City) (State) (Zip)
10. Mailing Address: _____
(Street) (City) (State) (Zip)
11. County Business is located in: _____
12. Name of Contact Person: _____, _____
(Name) (Title)
13. Phone: (____) _____ - _____ Email Address: _____
Fax: (____) _____ - _____ Age of Business: _____ Years, and _____ Months
14. If your business requires a license, complete below.

a. License Type: _____	a. ☐ Less than \$500,000
b. License #: _____	b. ☐ \$500,000 to \$1,000,000
c. Expiration: _____	c. ☐ \$1,000,000 to \$2,000,000
	d. ☐ \$2,000,000 to \$5,000,000
	e. ☐ \$5,000,000 to \$25,000,000
	f. ☐ Over \$25,000,000
15. Business Annual Gross Receipts:
16. If the Work/Services require DIR Registration, per California Labor Code §1725.5, complete below:

a. DIR Registration No: _____
b. DIR Registration Date: _____

PART B: WORK DESCRIPTIONS

17. Identify the scope of work that will be performed by this SBE/DVBE business. For SBE Firms, provide ONLY applicable Northern America Industry Classification System (NAICS)¹ code(s). For DVBE Firms, provide ONLY applicable United Nations Standard Products and Services (UNSPSC)² code(s).

DESCRIPTION OF WORK OR SERVICE TO BE PERFORMED OR MATERIALS SUPPLIED ON THIS CONTRACT	ONLY LIST APPLICABLE NAICS CODE(S) OR UNSPSC CODE(S) FOR THE WORK TO BE PERFORMED

18. Will your business provide trucking company services on this project? Yes ☐ No ☐

If marked YES, please complete items a. to c. below. If answered NO, answer "Not Applicable."

- a. How many trucks does your company own? _____
- b. How many trucks does your company lease? _____
- c. How many trucks are registered to your company? _____

PART C: SIGNATURE

The undersigned Director, Officer, General Partner, or similarly situated Principal of the business declares he/she is informed and believe, and thereon allege, that to the best of their knowledge, information and belief, the information set forth on this page of this document and any attachments, is current, complete and accurate.

Business Name: _____

Authorized Signature: _____
(Signature of Director, Officer, General Partner or similarly situated Principal of the Business)

Printed Name: _____

Title: _____

Date: _____

¹Northern America Industry Classification System (NAICS) are provided by Metro Certification

²United Nations Standard Products and Services (UNSPSC) are provided by the Department of General Services
To receive credit, your firm must be certified in applicable codes