



**Supply Section
8543 Armstrong Road SW, Tumwater, WA 89512**

EXHIBIT A-2 – BIDDER’S PROFILE

Competitive Solicitation:	No. IFB PC235072 – Shotover ARS-750C Augmented Reality Mapping System
Bidder:	_____ Type/print full legal name of Bidder

BIDDER INFORMATION	
Legal name of Bidder: Address of Bidder: <i>Note: This information must match the information from Bidder’s Business License.</i>	_____ Business Name _____ Address _____ City, State, Zip Code
Bidder’s Washington State Department of Revenue Registration Number/Unified Business Identifier (UBI) Number: <i>Note: A nine digit UBI number is assigned to each registered businesses in Washington.</i>	_____
Taxpayer Identification No. (TIN): <i>Note: Your TIN will be either a number issued by the IRS (e.g., Employer Identification Number, Federal Tax Identification Number) or a number issued by the Social Security Administration (i.e., your Social Security Number). Do Not provide a Social Security Number.</i>	_____
Is your firm certified as a minority or woman owned business with the Washington State Office of Minority & Women’s Business Enterprises (OMWBE)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide Bidder’s MWBE certification no.: _____

BIDDER INFORMATION	
<p>Is your firm a self-certified Washington State Small Business?</p> <p><i>Note: See Exhibit A-1 – Bidder’s Certification for criteria to qualify as a Washington State Small Business.</i></p> <p><i>Note: Regardless of size, a qualifying business must be owned and operated independently from all other businesses. In regard to size, the gross revenue thresholds, as reported on Bidder’s tax returns, are as follows:</i></p> <ul style="list-style-type: none"> ▪ Microbusiness: Annual gross revenue of less than one million dollars. ▪ Minibusiness: Annual gross revenue of more than one million dollars, but less than three million dollars. ▪ Small Business: Annual gross revenue of less than seven million dollars over each of the three prior consecutive years. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide the location for Bidder’s principal place of business:</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>If yes, what is your business size (based on annual gross revenue)?</p> <p>Microbusiness <input type="checkbox"/></p> <p>Minibusiness <input type="checkbox"/></p> <p>Small Business <input type="checkbox"/></p>
<p>Is your firm certified as a Veteran-Owned Business with the Washington State Department of Veteran Affairs?</p> <p><i>Note: See Exhibit A-1 – Bidder’s Certification for criteria to qualify as a Certified Veteran-Owned Business.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide Bidder’s WDVA certification no.: _____</p>

CONTRACT MANAGEMENT POINTS OF CONTACT FOR BIDDER	
<p>Authorized Representative</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>	<p>Contract Administrator</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>
<p>Address for Enterprise Services to send legal notices:</p> <p>Company name: _____</p> <p>Attn: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>	
<p>Signature Authority (if awarded a contract)</p> <p>Name: _____</p> <p>Title: _____</p>	

ORDERING/SALES POINTS OF CONTACT (expand as necessary)			
Name	Phone Number	E-mail	Area of Responsibility

REFERENCES

Provide a minimum of two (2) commercial or government references for which bidder has delivered goods and/or services similar in scope as described in the Competitive Solicitation.

REFERENCE 1	
Company Name:	_____
Contact:	_____
Phone:	_____
Email:	_____
REFERENCE 2	
Company Name:	_____
Contact:	_____
Phone:	_____
Email:	_____

Return this Bidder’s Profile to Procurement Coordinator at:
 Pennie.Clark@wsp.wa.gov