



# Bidder Information Form

## SPAUGLASS DIVISIONS – ESTIMATING TEAM POINT OF CONTACT

**Austin**

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**Brazos Valley**

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 Contact: Garrett Wheaton  
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**Civil**

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 Contact: Kan Phaobunjong  
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**Corpus Christi**

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**Houston**

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**North Texas**

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**San Antonio**

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 Contact: Shirley Stange  
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**South Texas**

956-412-9880  
 Contact: Sam Saldaña  
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### COMPANY INFORMATION

Company Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact:	Phone #:	Fax #:
Email Address:		
Estimating Contact:	Phone #:	Fax #:
Email Address:		
What scope of work does your company perform or what materials does you company supply?		
Is your company bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas of Operation: <input type="checkbox"/> Austin <input type="checkbox"/> Brazos Valley <input type="checkbox"/> Corpus Christi <input type="checkbox"/> Golden Triangle <input type="checkbox"/> Houston <input type="checkbox"/> North Texas <input type="checkbox"/> San Antonio <input type="checkbox"/> South Texas		
Project Types: <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Corps of Engineers <input type="checkbox"/> Healthcare <input type="checkbox"/> Municipal <input type="checkbox"/> Educational <input type="checkbox"/> Tenant Finish/Improvements <input type="checkbox"/> Design-Build/Design-Assist <input type="checkbox"/> Aviation <input type="checkbox"/> Wood Frame <input type="checkbox"/> Civil Work		

### MINORITY CERTIFICATIONS

Is your company a certified minority contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please check and list certification numbers and agencies to any that apply:		
<input type="checkbox"/> MBE	Certification #:	Agency:
<input type="checkbox"/> WBE	Certification #:	Agency:
<input type="checkbox"/> DBE	Certification #:	Agency:
<input type="checkbox"/> HUB	Certification #:	Agency:
<input type="checkbox"/> SBE	Certification #:	Agency:
<input type="checkbox"/> HUB	Certification #:	Agency:

### AUTHORIZATION

I, \_\_\_\_\_, a representative of \_\_\_\_\_, herby certify that all information provided in this document is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

*This Section to be Completed by SpawGlass:*  
 CSI Division(s) \_\_\_\_\_ Enter in Isqft?  Yes  No