EXHIBIT A-2 – CONTRACTOR'S PROFILE & REFERENCES

Competitive Solicitation:	RF___ No. ___-___ issued _____, _____

CONTRACTOR'S INFORMATION PROFILE	
Contractor:	_____ Type/print full legal name of Contractor
Contractor's Address:	_____ Business Name _____ Address _____ City, State, Zip Code
Contractor's Unified Business Identifier Number (UBI): *Note*: A nine digit UBI number is assigned to each registered business in Washington.	UBI No. ___ ___ ___
Contractor's Taxpayer Identification Number (TIN): *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.	___ ___ ___ ___ ___ ___ ___ ___
Is your firm certified as a minority- or woman-owned business with the Washington State Office of Minority and Women's Business Enterprises (OMWBE)?	Yes ☐ No ☐ If yes, provide Contractor's MWBE certification no.: _____

Is your firm a self-certified Washington State Small Business? *Note*: See *Exhibit A-1 – Contractor's Certification* for criteria to qualify as a Washington State Small Business. *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 Contractor's tax returns, are as follows: ▪ Microbusiness: Annual gross revenue of less than $1,000,000 ▪ Minibusiness: Annual gross revenue of more than $1,000,000, but less than $3,000,000 ▪ Small Business: Annual gross revenue of less than $7,000,000 over each of the three prior consecutive years.	Yes ☐ No ☐ If yes, provide the location for Contractor's principal place of business: _____ Street Address _____ City, State, Zip Code If yes, what is your business size (based on annual gross revenue)? Microbusiness ☐ Minibusiness ☐ Small Business ☐
Is your firm certified as a Veteran-Owned Business with the Washington State Department of Veteran Affairs? *Note*: See *Exhibit A-1 – Contractor's Certification* for criteria to qualify as a Certified Veteran-Owned Business.	Yes ☐ No ☐ If yes, provide Contractor's WDVA certification no.: _____
CONTRACTOR'S PRIMARY POINTS OF CONTACT:	**Authorized Representative:** Name: _____ Email: _____ Phone: _____ **Contract Administrator:** Name: _____ Email: _____ Phone: _____

REFERENCES

Provide at least three (3) references for Contractor including company name, contact name, title, phone number, email address, and a description of the work engagement upon which the reference is based.

CONTRACTOR REFERENCES	
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:

SUBCONTRACTORS

Identify authorized subcontractors who will provide service on a contract resulting from this solicitation.

LEGAL NAME	SMALL, WOMEN OWNED, VETERAN OR OTHER DISADVANTAGED STATUS	POINT OF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

Return this Contractor's Profile & References to the RF___ Coordinator at:
_____