



PS&S, LLC  
Vendor Supplier Prequalification Application

**INSTRUCTIONS:** Please complete each item and return this form to [forms@psands.com](mailto:forms@psands.com). Do not leave any questions blank in the Mandatory Sections. If a question is not applicable to your business, insert "N/A" in the space provided. Whenever the space is insufficient to answer a question completely, attach additional sheets as necessary.

*Section I: Mandatory Company Information:*

**COMPANY NAME:** \_\_\_\_\_

**OTHER COMPANY NAMES USED:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FIRM WEBSITE:** \_\_\_\_\_

**# OF EMPLOYEES** \_\_\_\_\_ **EIN# or SS#:** \_\_\_\_\_ **YEAR ESTABLISHED:** \_\_\_\_\_

**DUNS#:** \_\_\_\_\_

***TYPE OF BUSINESS:***

Place an 'X' in the applicable box (only choose one)

Corporation	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
LLC	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>
Non-Profit Organization	<input type="checkbox"/>





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***OTHER BUSINESS LOCATION(S):***

*(Different from what is listed on page 1) Add additional lines if needed*

<b>STREET ADDRESS:</b>			
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>
<b>TELEPHONE #:</b>			
<b>PRIMARY CONTACT:</b>			

<b>STREET ADDRESS:</b>			
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>
<b>TELEPHONE #:</b>			
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<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>
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*Section III: Additional Information Required:*

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*ADDITIONAL QUALIFICATIONS:*

Please attach the following documentation:

- Company Overview
- Company SF330
- Corporate Brochure
- Sample Certificate of Insurance
- Multiplier and List of Fully Burdened Hourly Rates