KANSAS DEPARTMENT OF TRANSPORTATION
49 CFR STL COMPLIANCE FORM

FIRM NAME: ____________________________

EEO OFFICER NAME: ______________________

PHONE NUMBER: _________________________

FAX NUMBER: ____________________________

EMAIL ADDRESS: _________________________

WEBSITE ADDRESS: ______________________

DATE SUBMITTED: _______________________

YEAR FIRM FORMED: _____________________

FEIN NUMBER: __________________________

GROSS RECEIPTS PAST YEAR: (Circle One)

A. UNDER $1 MILLION
B. $1-5 MILLION
C. $5-17.4 MILLION
D. OVER $19.57 MILLION

51% OWNED & CONTROLLED BY: (Circle One)

A. WHITE MALE
B. WHITE FEMALE
C. MINORITY MALE
D. MINORITY FEMALE

BUSINESS TYPE: (Circle One)

A. CORPORATION
B. S CORPORATION
C. PARTNERSHIP
D. LIMITED LIABILITY
E. SOLE PROPRIETORSHIP

BUSINESS ACTIVITY: (CIRCLE PRIMARY ACTIVITIES)

ASPHALT
BUILDING-RELATED
CONCRETE
ELECTRIC/SIGNALS
ENGINEERING
EXCAVATION
GRADING
GUARDFENCE/FENCE
MARKING
MISCELLANEOUS
PAINTING
PIPE/INLETS
SEALING
SEED/SOD
SIGNING
STAKING
STRUCTURES
SUPPLIER
TRAFFIC CONTROL
TRUCKING
WELDING
OTHER

Revised 12/11/06