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