



DELAWARE DEPARTMENT OF TRANSPORTATION

REGISTRY FOR CONSTRUCTION CONTRACTORS

Please note this form should be completed by those who want to be registered with DeIDOT as a Construction Contractor. Registration is required in order to submit a bid for a Public Works contract.

Please type if Possible; if not, Print clearly:

Federal Employer Identification #. _____ - _____
Note: Nine (9) digits.

Delaware Business License # _____

Type of Organization _____
(Corporation, Partnership, etc.)

Company Name _____

Street Address (for package delivery) _____

Street Address _____

City, State, zipcode _____

P.O. Box, city, zip (if applicable) _____

Primary Contact Name: _____

Primary Contact Email: _____

Alternate Email Address: _____

Primary Contact's Phone No. (____) _____
Area Code Phone No. (Ext.)

Primary Contact's Fax No. (____) _____
Area Code Fax No.

List the Name and Title of Corporate Officers or Company Officials authorized to sign Contract Documents, Change Orders, Estimates, and other pertinent contract forms. Attach additional forms if necessary.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If your Company/Corporation is a subsidiary to another firm please provide information concerning the Parent Company below. Also provide information for all Subsidiary or Affiliated Companies where indicated. Inter-Company relationships are of a particular interest to us. It is important for us to know what entity it is that we will be involved with should a procurement opportunity present itself in an area that your firm is registered in and are interested in bidding on.

• **Parent company**

Federal Employer ID#: _____ - _____

Company Name _____

Street Address _____

Phone Number (_____) _____ Fax Number (_____) _____

• **Subsidiary or Affiliated Companies:**

Federal Employer ID# : _____ - _____

Company Name _____

Street Address _____

Phone # (_____) _____ Fax # (_____) _____

=====

Federal Employer ID # : _____ - _____

Company Name _____

Street Address _____

Phone # (_____) _____ Fax # (_____) _____

Attach additional sheet if necessary

APPLICATION MUST BE COMPLETED, SIGNED, AND RETURNED TO DELDOT PRIOR TO BIDDING ON ANY PROJECT SPONSORED BY DELDOT.

NAME (PRINT) _____ **TITLE:** _____

SIGNATURE _____ **DATE:** _____

Return this form to: Delaware Department of Transportation
Contract Administration
800 Bay Road
Dover, DE 19901