

AVISTA CORPORATION
SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

1. Supplier Firm Legal Name and Address

NAME:

ADDRESS:

CONTACT NAME AND TITLE: _____

CONTACT PHONE NO./FAX NO./E-MAIL ADDRESS:

2. Organization Form:

Corporation Professional Services LLC
 Partnership Sole Proprietor

3. Year Supplier Began Doing Business Under Its Current Business Name: _____

4. Other or Prior Business Names Used by the Supplier Firm:

5. State of Corporate Business Registration if Applicable: _____

6. List Contractor Licenses, Certifications, Accreditation, if Applicable:

7. Identify Parent/Subsidiary/Affiliate Firm Relationship(s), if Applicable:

8. Address of Home Office if Different From Address Given in Paragraph 1, Above:

9. Supplier or Parent Firm Web Site: _____

10. Nature of Goods and Services Provided or Areas of Specialization:

11. Company Size (No. of Full Time Employees) and Annual Sales:

12. Special Expertise, Facilities, Equipment, Software:

13. Indicate Fields Where Employees are Licensed to Perform Professional Design and Consulting Work:

14. For Construction Services Indicate Your Firm's Maximum Bonding Capacity:

15. Special Ownership Status. If applicable, provide a statement attesting to the fact that the firm is either (a) a woman-and minority owned (b) a disadvantaged-owned business. (c) small business or (d) other *please specify*. If applicable, indicate whether the Washington State Office of Minority and Women's Business Enterprises certifies the firm.

16. Date This Questionnaire Submitted: _____

SUPPLIERS ARE INVITED TO SUBMIT ANY ADDITIONAL INFORMATION ABOUT THEIR COMPANY IN ELECTRONIC FORM (E-MAIL OR WEB SITE LINKS)

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