

REQUEST FOR BID (RFP) NO. 2026-05-01, FOR PEST CONTROL TREATMENT SERVICES

**PROFILE OF FIRM FORM
(RFP Attachment D)**

(This Form must be fully completed and submitted to the Agency when notified to do so by the Agency after the submittal deadline.)

(1) Prime Sub-contractor (This form must be completed by and for each).

(2) Name of Firm: _____

Telephone: _____

Fax: _____

Email: _____

(3) Street Address, City, State, Zip: _____

(4) Please attached a brief biography/resume of the company, including the following information: (a) Year Firm Established; (b) Year Firm Established in Georgia; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm (submit under Tab No. 4 a brief professional resume for each):

[Table No. 1]

Name	Title	% of Ownership

(6) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project; please submit under Tab No. 5 a brief resume/bio for each. (Do not duplicate any resumes required above):

[Table No. 2]

Name	Title

Signature Date Printed Name Company

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(7) Bidder Diversity Statement. You must mark all the following that apply to the ownership of this firm and enter where provided enter the correct percentage (%) of ownership of each:

- Caucasian American (Male) _____%
- Public-Held Corporation _____%
- Government Agency _____%
- Non-Profit Organization _____%

Resident- (RBE), Minority- (MBE), or Woman-Owned (WBE) Business Enterprise (Qualifies by virtue of 51% or more ownership and active management by one or more of the following):

- Resident-Owned* _____%
- African American _____%
- Native American _____%
- Hispanic American _____%
- Asian/Pacific American _____%
- Hasidic Jew _____%
- Asian/Indian American _____%
- Woman-Owned (MBE) _____%
- Woman-Owned (Caucasian) _____%
- Disabled Veteran _____%
- Other (Specify): _____%

WMBE Certification Number:
Certified by (What Agency):
(NOTE: A CERTIFICATION/NUMBER IS NOT REQUIRED TO PROPOSE - ENTER IF AVAILABLE)

(8) Federal Tax ID No.: _____

(9) Local Business License No. (if applicable): _____

(10) State of Georgia License Type and No. (if applicable): _____

(11) Federal License Type and No. (if applicable): _____

(12) Worker's Compensation Insurance Carrier: _____

Policy No.: _____

Expiration Date: _____

(13) General Liability Insurance Carrier: _____

Policy No.: _____

Expiration Date: _____

(14) Automobile Liability Insurance Carrier: _____

Policy No. _____

Expiration Date: _____

Signature _____ Date _____ Printed Name _____ Company _____