



CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY

Date: _____

VENDOR QUESTIONNAIRE

For firms wanting to do business with the Corpus Christi Regional Transportation Authority, please complete the information below and mail to the address on the bottom of this form or fax to (361) 289-3060.

Business Name _____

Business Address _____

Mailing Address _____

Phone _____

Alternate Phone _____

Fax _____

Email address _____

Contact Name _____

Company Website _____

TYPE OF BUSINESS BY NAICS CODE

Please write your code and the NAICS US description below.

(Write as many codes as are applicable to your business.)

Code Number **NAICS US Description*** (see <http://www.census.gov/eos/www/naics> for NAICS codes.)

_____	_____
_____	_____
_____	_____

BUSINESS SIZE BY ANNUAL GROSS RECEIPTS

\$0 - \$50,000	\$500,001 - \$1,000,000
\$50,001 - \$100,000	\$1,000,001 +
\$100,001 - \$500,000	

DUN & BRADSTREET NUMBER: _____

DISADVANTAGED BUSINESS ENTERPRISE (DBE) STATUS

Is your firm a certified DBE: Yes No Race: _____ Gender: M F

Date Certified _____ Certifying Agency _____

EMPLOYMENT

Current number of full-time employees: _____ part-time employees: _____

For more information contact the RTA's Contracts Department at (361) 289-2712.

(Vendor Information is kept on file for two years. A new form must be completed and submitted to the RTA every two years)

*NAICS – North American Industry Classification System