

# LeChase XBE Initial Registration Questionnaire

## LeChase does not tolerate fraud.

Deliberate attempts to circumvent the intent of government diversity programs may lead to dismissal of contract.

Company Full  
Legal Name \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Years in Business \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Services your company provides \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the categories of work that your organization normally subcontracts to others \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

% of annual revenues subcontracted \_\_\_\_\_

List the trades you normally perform with your own forces \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a certified minority, woman-owned, disadvantaged, small and/or locally based business enterprise?  Yes  No

Please indicate certifications below and **attach copies of all certifications/letters** and last annual affidavit of no change. For federal self-identified designations, please attach a copy of your SAM registration.

MBE  WBE  DBE  SBE

LBE  Veteran  Other

Federal:  8(a)  SDB  WOB

VOSB  SDVOSB  HUB Zone  Small

Other certifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certifying Agency

Expiration

Code

Company's business specialty(ies) and code(s).  
Use additional paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description

Code

### Please list three professional references below:

Name \_\_\_\_\_

Relation \_\_\_\_\_

Contact Number \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Contact Number \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Contact Number \_\_\_\_\_

### Please sign below:

Print name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## THIS REGISTRATION MUST INCLUDE THE FOLLOWING ATTACHMENTS:

- Copies of all certifications
- Renewal information (if applicable)
- Capability statements

If required attachments are not included, registration will be returned.

Email this initial registration questionnaire and all attachments to: [Stephanie.Pennington@lechase.com](mailto:Stephanie.Pennington@lechase.com)