

## Subcontractor request to be added to CPS Master Bid List

Organization Name:	
Street Address/ PO Box:	
•	
City, Zip Code:	
Phone Number:	
Fax Number:	
Organization Email Address:	
CSI Divisions Preformed:	
(Trades Preformed)	
Organization Contact Informa (This will be the person that receives th	tion: e invitation to bid, You can list multiple people)
First Name:	
Last Name:	
Title:	
Email Address:	
Fax Number:	
Mobile:	
First Name:	
Last Name:	
Title:	
Email Address:	
Fax Number:	
Mobile:	
First Name:	
Last Name:	
Title:	
Email Address:	
Fax Number:	
Mobile:	