



# VENDOR REGISTRATION

CDB Registration Number  
(Agency Use Only)

Vendors who plan to bid directly to the prime contractor as subcontractors or suppliers and non-licensed A/E specialty consultants must register their business by submitting this form. Vendors who plan to bid directly to CDB as a prime contractor, and A/E vendors providing licensed architectural, engineering, land surveying or asbestos design services must seek prequalification status by submitting the Prequalification form found in the Reference Library.

Business Name** (As registered at Secretary of State)		Registered Assumed Name (As registered at Secretary of State)	
Address		Address 2	
City	State	Zip	County

Mailing Address (If different than above)		Address 2	
City	State	Zip	County

Contact Name	Title	Phone	Fax	Email
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Vendor Classification <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> A/E Specialty Consultant	Vendor Web Address
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Taxpayer ID	Dept. Human Rights Number	DHR Number Exp. Date**	IPG Number**
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Business Structure <small>(Legal Status)</small>	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation (C or S)	Annual Sales & Receipts \$ _____
	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Not-For-Profit	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust Agreement (Beneficiary)	
	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other	

Business Ownership <small>(51% of business)</small>	Ethnicity <small>(Select One)</small>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> African American	<input type="checkbox"/> Native American	
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Non-Minority	
	<input type="checkbox"/> Hispanic		

**Business Enterprise Program (BEP) Certification** – If this business is certified by Central Management Services in BEP, please indicate the type of certification, expiration date.

<input type="checkbox"/> FBE – Female owned/controlled Business Enterprise <input type="checkbox"/> FMBE – Female Minority Business Enterprise <input type="checkbox"/> MBE – Minority owned Business Enterprise.	Certification Expiration Date
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**Veteran Business Program (VBP)** – If this business is certified by Central Management Services in VBP, please indicate the type of certification, expiration date and attach a copy of the certification letter.

<input type="checkbox"/> VOSB – Veteran Owned Small Business <input type="checkbox"/> FVBE – Female Veteran Business Enterprise <input type="checkbox"/> MVBE – Minority Veteran Business Enterprise <input type="checkbox"/> BVBE – Minority Female Veteran Business Enterprise <input type="checkbox"/> SDVOSB – Service Disabled Veteran Owned Small Business <input type="checkbox"/> FSDV – Female Service-Disabled Veteran Business Enterprise <input type="checkbox"/> MSDV – Minority Service-Disabled Veteran Business Enterprise <input type="checkbox"/> BSDV – Female Minority Service Disabled Veteran Business Ent <input type="checkbox"/> PVBE – Person w/Disability Veteran Business Enterprise	<input type="checkbox"/> FPVE – Female w/Disability Veteran Business Enterprise <input type="checkbox"/> MPVE – Minority w/Disability Veteran Business Enterprise <input type="checkbox"/> BPVE – Minority Female w/Disability Veteran Business Enterprise <input type="checkbox"/> PSDV – Person w/Disability Service Disabled Veteran Business <input type="checkbox"/> FPSV – Female w/Disability Service Disabled Veteran Business <input type="checkbox"/> MPSV – Minority w/Disability Service Disabled Veteran Business <input type="checkbox"/> BPSV – Minority Female w/Disability Service Disabled Veteran Business Enterprise
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Certification Expiration Date:

**\*\* You do not need to be registered with the IL Secretary of State, IL DHR, or IPG to be registered**

**Subcontractors and Suppliers, please indicate all trades performed by your business:**

**MasterFormat® Number and Title**

- |  |   |
|--|---|
| <input type="checkbox"/> 00 00 00 Procurement & Contracting Requirements   | <input type="checkbox"/> 25 00 00 Integrated Automation   |
| <input type="checkbox"/> 01 00 00 General Requirements                     | <input type="checkbox"/> 26 00 00 Electrical  |
| <input type="checkbox"/> 02 00 00 Existing Conditions                      | <input type="checkbox"/> 27 00 00 Communications  |
| <input type="checkbox"/> 03 00 00 Concrete                                 | <input type="checkbox"/> 28 00 00 Electronic Safety & Security  |
| <input type="checkbox"/> 04 00 00 Masonry                                  | <input type="checkbox"/> 31 00 00 Earthwork   |
| <input type="checkbox"/> 05 00 00 Metals                                   | <input type="checkbox"/> 32 00 00 Exterior Improvement  |
| <input type="checkbox"/> 06 00 00 Wood, Plastics & Composites              | <input type="checkbox"/> 33 00 00 Utilities   |
| <input type="checkbox"/> 07 00 00 Thermal & Moisture Protection            | <input type="checkbox"/> 34 00 00 Transportation  |
| <input type="checkbox"/> 08 00 00 Openings                                 | <input type="checkbox"/> 35 00 00 Waterway & Marine Construction                                      |
| <input type="checkbox"/> 09 00 00 Finishes                                 | <input type="checkbox"/> 40 00 00 Process Interconnections  |
| <input type="checkbox"/> 10 00 00 Specialties                              | <input type="checkbox"/> 41 00 00 Material Processing & Handling Equipment                            |
| <input type="checkbox"/> 11 00 00 Equipment                                | <input type="checkbox"/> 42 00 00 Process Heating, Cooling & Drying Equipment                         |
| <input type="checkbox"/> 12 00 00 Furnishings                              | <input type="checkbox"/> 43 00 00 Process Gas & Liquid Handling, Purification,<br>& Storage Equipment |
| <input type="checkbox"/> 13 00 00 Special Construction                     | <input type="checkbox"/> 44 00 00 Pollution & Waste Control Equipment                                 |
| <input type="checkbox"/> 14 00 00 Conveying Equipment                      | <input type="checkbox"/> 45 00 00 Industry Specific Manufacturing Equipment                           |
| <input type="checkbox"/> 21 00 00 Fire Suppression                         | <input type="checkbox"/> 46 00 00 Water & Wastewater Equipment  |
| <input type="checkbox"/> 22 00 00 Plumbing                                 | <input type="checkbox"/> 48 00 00 Electrical Power Generation   |
| <input type="checkbox"/> 23 00 00 Heating, Ventilating, & Air Conditioning |   |

**A/E Specialty Consultants providing services that are not subject to Prequalification by CDB:**

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|---|---|
| <input type="checkbox"/> Asbestos (Testing, Monitoring) | <input type="checkbox"/> Graphics/Signage   |
| <input type="checkbox"/> Acoustics/Light/Theater        | <input type="checkbox"/> Laboratory/Clean   |
| <input type="checkbox"/> AV Technology                  | <input type="checkbox"/> LEED Consulting    |
| <input type="checkbox"/> Construction/Material Testing  | <input type="checkbox"/> Planning, Studies  |
| <input type="checkbox"/> Cost Estimating                | <input type="checkbox"/> Scheduling         |
| <input type="checkbox"/> Geotechnical                   | <input type="checkbox"/> Water Infiltration |

**CDB will notify the Contact listed above of the Business Registration Number in the same manner it was submitted.**

Please keep a copy of this form for your records and notify all locations/offices of your Registration Number.

**Please submit this form and any attachments to:  
email: [CDB.SubContractReg@illinois.gov](mailto:CDB.SubContractReg@illinois.gov)**

**OR**

USPS mail:

Capital Development Board  
Subcontractor Registration  
401 South Spring Street, 3rd Fl.  
Springfield, IL 62706