

Date: \_\_\_\_\_

**Note: All questions must be answered. Failure to answer all questions and return the questionnaire as requested would render your D/M/WBE certification with the City of Fort Worth void, until the completed document is received.**

**Firm's Name and Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: Questionnaire for Suppliers**

In order to assure that your firm receives solicitation in the correct categories and meets the City of Fort Worth's definition of a **Regular Dealer or Manufacturer**, if applicable, we are requesting that you complete and return the below questionnaire:

Definitions:

**Regular Dealer:** is defined as a firm that owns, operates, or maintains a store, a warehouse, or other establishments in which the materials or supplies required for the contract are bought, kept in stock, and are regularly sold retail or wholesale.

**Manufacturer:** means one that manufactures a product by hand or machinery suitable for uses; the process of making wares.

1. The certifying agency presently has my firm listed in the following commodities:

\_\_\_\_\_

2. Is the description in question number #1 above a correct services or product provided by your firm?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

3. **If no, please go to question #4., if yes,** please list **specific** brands and types of parts your firm supplies or attach your Products Rep Listing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If the commodity assigned by the NCTRCA is incorrect, please list no more than **five (5)** commodities of how you wish your firm to be listed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your firm possess a distributorship agreement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a copy of the agreement to the returned survey?

6. Does your firm have a separate fax number, if applicable?

(\_\_\_\_) \_\_\_\_\_

7. Does your firm have an email address, if yes, please provide?

\_\_\_\_\_

8. Does your firm have a website address, if yes, please provide?

\_\_\_\_\_

9. Do you wish to provide a mobile phone number, if applicable?

(\_\_\_\_) \_\_\_\_\_

10. Do you wish to provide a pager number, if applicable?

(\_\_\_\_) \_\_\_\_\_

11. Provide the business office address (**DO NOT USE A P O BOX**):

Address: \_\_\_\_\_

Suite, Room, Floor, etc. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

12. Provide the business address of the store, warehouse or other establishment where items can be viewed and purchased.

Address: \_\_\_\_\_

Suite, Room, Floor, etc. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

13. Provide the address of the location where items can be ordered.

Address: \_\_\_\_\_

Suite, Room, Floor, etc. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

14. Are any of the addresses listed in questions 10, 11 or 12 your home address?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes which one? \_\_\_\_\_

\_\_\_\_\_  
**Circle One (Owner/Authorized Agent) Print or Type**

\_\_\_\_\_  
**(Name of Firm-Print or Type)**

\_\_\_\_\_  
**(Signature of Owner or Authorized Agent)**

\_\_\_\_\_  
**(Date)**

Please mail or fax this information to (817) 392-6185 or email to [mwbefrontdesk@fortworthgov.org](mailto:mwbefrontdesk@fortworthgov.org) . If you require additional time, please request in writing. If you should have any questions, please call (817) 392-6104 at your earliest convenience.