

SUBCONTRACTOR/SUPPLIER/CONSULTANT REGISTRATION FORM

**Registration is only required for firms who have NEVER been prequalified with the Capital Development Board.
You will be required to notify CDB if any information changes.**

Taxpayer Identification Number: _____

Legal Firm Name _____

(doing business as) _____

Address _____ **Address 2** _____

City, State, Zip _____ **County** _____

Is the firm a Minority and/or Female Business Enterprise currently certified with the Illinois Department of Central Management Services?

Yes ____ **No** ____

Contact Person

Email Address

Phone Number (include Area Code)

Fax Number (include area Code)

Use only one method below to return this form (email preferred). CDB will reply via the same method when notifying you of your firm's Registration Number.

Email: **CDB.SubContractReg@illinois.gov**

FAX: **217/558-6428**

US MAIL: **Capital Development Board
Subcontract Registration
401 South Spring Street, 3rd Floor
Springfield, IL 62706**

For Internal CDB Use Only
REGISTRATION NUMBER: _____