



# 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 <a href="https://ipg.vendorreg.com/">https://ipg.vendorreg.com/</a>
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Business Structure (Legal Status)	<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 (51% of business)	Ethnicity (Select One)		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:

**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:**

- |   |   |
|---|---|
| <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