

CITY OF BEAVERTON

**PERSONAL / PROFESSIONAL SERVICES CONTRACT: SUBCONSULTANT DISCLOSURE FORM 1**

Company Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

LIST ALL SUBCONSULTANTS —CERTIFIED AND NON-CERTIFIED

<b>ALL SUBCONSULTANTS</b> (Use the Subconsultants <b>complete legal</b> name)	<b>DESCRIPTION OR SCOPE OF WORK</b> (TYPE OF WORK TO BE PERFORMED)	<b>DOLLAR VALUE OF</b> <b>SUBCONTRACT</b>	<b>LIST ALL CERTIFICATIONS</b> (ESB; MBE, WBE, SDV, DBE, ACDBE)
Name _____ Address _____ City/St/Zip _____ Phone _____			
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\***ESB**: Emerging Small Business; **MBE**: Minority-owned Business; **WBE**: Women-Owned Business; **SDV**: Service-Disabled Veteran-Owned Business;  
**DBE & ACDBE** Disadvantaged Business Enterprise