## FORM 1: SERVICE PROVIDER QUESTIONNAIRE - PAGE 1 OF 3

Answer all questions that apply; if a question does not apply, mark N/A.

**SERVICE PROVIDER INFORMATION**

|  |
| --- |
| Business/Company Name: |
| Phone Number: |
| E-mail Address: |
| Web Site Address: |
| Business Address: |
| Federal Employer ID No. (FEIN): |
| E-RATE SPIN NO (If obtained prior to filing RFQ response): |
| FCC REGISTRATION NO: |
| D-U-N-S NO (Information obtaining this number is at <https://www.dnb.com/duns-number.html>: |

**Business Information**

|  |  |
| --- | --- |
| Years in Business: | State of Incorporation or Organization:  |
| Check the following as it applies to your Business: [ ]  Public Corporation [ ]  Privately Held Corporation [ ]  Limited Partnership [ ]  Sole Proprietorship [ ]  Limited Liability Company |
| Are you a subsidiary of another Company: [ ]  Yes [ ]  NoIf Yes, name of your parent: |
| List all companies with whom you have partial or complete ownership: |
| Check the following Business Classifications that apply to your firm, if any: [ ]  Small Business Concern [ ]  Minority Owned Business [ ] Woman Owned Business |
| Does your firm have EDI capabilities: [ ]  Yes [ ]  No  |

**PRIMARY POINT OF CONTACT**

|  |  |
| --- | --- |
| Name:  | Position: |
| Phone Number: | E-Mail:  |

## FORM 1: SERVICE PROVIDER QUESTIONNAIRE – PAGE 2 OF 3

**SERVICE PROVIDER COVERAGE INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ARECIBO** | [ ]  Arecibo | [ ]  Barceloneta | [ ]  Camuy | [ ]  Ciales | [ ]  Dorado | [ ]  Florida |
| [ ]  Hatillo | [ ]  Lares | [ ]  Manatí | [ ]  Quebradillas | [ ]  Vega Alta | [ ]  Vega Baja |
| **BAYAMON** | [ ]  Bayamón | [ ]  Cataño | [ ]  Corozal | [ ]  Morovis | [ ]  Naranjito | [ ]  Orocovis |
| [ ]  Toa Alta | [ ]  Toa Baja |  |  |  |  |
| **CAGUAS** | [ ]  Aguas Buenas | [ ]  Aibonito | [ ]  Arroyo | [ ]  Barranquitas | [ ]  Caguas | [ ]  Cayey |
| [ ]  Cidra | [ ]  Comerio | [ ]  Guayama | [ ]  Gurabo | [ ]  Salinas |  |
| **HUMACAO** | [ ]  Canóvanas | [ ]  Ceiba | [ ]  Culebra | [ ]  Fajardo | [ ]  Humacao | [ ]  Juncos |
| [ ]  Las Piedras | [ ]  Loíza | [ ]  Luquillo | [ ]  Maunabo | [ ]  Naguabo | [ ]  Patillas |
| [ ]  Río Grande | [ ]  San Lorenzo | [ ]  Vieques | [ ]  Yabucoa |  |  |
| **MAYAGUEZ** | [ ]  Aguada | [ ]  Aguadilla | [ ]  Añasco | [ ]  Cabo Rojo | [ ]  Hormigueros | [ ]  Isabela |
| [ ]  Lajas | [ ]  Las Marías | [ ]  Maricao | [ ]  Mayagüez | [ ]  Moca | [ ]  Rincón |
| [ ]  Sabana Grande | [ ]  San Germán | [ ]  San Sebastián |  |  |  |
| **PONCE** | [ ]  Adjuntas | [ ]  Coamo | [ ]  Guánica | [ ]  Guayanilla | [ ]  Jayuya | [ ]  Juana Díaz |
| [ ]  Peñuelas | [ ]  Ponce | [ ]  Santa Isabel | [ ]  Utuado | [ ]  Villalba | [ ]  Yauco |
| **SAN JUAN** | [ ]  Carolina | [ ]  Guaynabo | [ ]  San Juan | [ ]  Trujillo Alto |  |  |
| Additional comments regarding service provider’s coverage: |

## FORM 1: SERVICE PROVIDER QUESTIONNAIRE – PAGE 3 OF 3

The undersigned certifies that the foregoing information is true and accurate, to the best of his or her knowledge, after due inquiry and investigation.

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Printed Name Signature

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Position Day Month Year