## 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  No  If 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