



CAPITAL
Development
BOARD

Building a Better Illinois

SUBCONTRACTOR SUPPLIER CONSULTANT

REGISTRATION FORM

033915
CDB Registration Number
(Agency Use Only)

Registration is only for subcontractors and suppliers who bid directly to the general contractor. Registration is also for firms acting as a consultant to a prime A/E and who will not be providing design or Land Surveying services. Consultants providing Land Surveying or Asbestos design services should be prequalified and not registered. Subcontractors who ever plan to bid directly as the general contractor must become prequalified. This prequalification will cover the firm if they are ever listed as a subcontractor.

Business Name AMERICAN PRECISION SUPPLY, INC.		Registered Assumed Name (As registered at Secretary of State) AMERICAN PRECISION SUPPLY, INC.	
Address 260 INDUSTRIAL DRIVE		Address 2 SUITE A	
City HAMPSHIRE	State IL	Zip 60140	County KANE

Mailing Address (if different than above)		Address 2	
City	State	Zip	County

Contact Person TERESA SHARP	Title CEO	Phone 8476839700	Fax 8476839740	Email TSHARP@APSUPPLIES.COM
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Taxpayer ID 36-4503879	Dept. Human Rights Number 13014300	DHR Number Exp. Date 03/28/2019
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Business Structure (Legal Status)	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation (C or S)	Annual Sales & Receipts \$ <u>7,000,000.00</u>
	<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		Gender
	<input checked="" type="checkbox"/> Caucasian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Male
	<input type="checkbox"/> African American	<input type="checkbox"/> Native American	<input checked="" type="checkbox"/> Female
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	

Business Enterprise Program (BEP) Certification – If this business is certified by Central Management Services in BEP, please indicate the type of certification, expiration date and attach a copy of the certification letter.

<input checked="" type="checkbox"/> FBE – Female owned/controlled Business Enterprise	Certification Expiration Date <i>pending - sent in to CMS WBDC certified - attached.</i>
<input type="checkbox"/> FMBE – Female Minority Business Enterprise	
<input type="checkbox"/> MBE – Minority owned Business Enterprise.	

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"/> FPVE – Female w/Disability Veteran Business Enterprise
<input type="checkbox"/> FVBE – Female Veteran Business Enterprise	<input type="checkbox"/> MPVE – Minority w/Disability Veteran Business Enterprise
<input type="checkbox"/> MVBE – Minority Veteran Business Enterprise	<input type="checkbox"/> BPVE – Minority Female w/Disability Veteran Business Enterprise
<input type="checkbox"/> BVBE – Minority Female Veteran Business Enterprise	<input type="checkbox"/> PSDV – Person w/Disability Service Disabled Veteran Business
<input type="checkbox"/> SDVO SB – Service Disabled Veteran Owned Small Business	<input type="checkbox"/> FPSV – Female w/Disability Service Disabled Veteran Business
<input type="checkbox"/> FSDV – Female Service-Disabled Veteran Business Enterprise	<input type="checkbox"/> MPSV – Minority w/Disability Service Disabled Veteran Business
<input type="checkbox"/> MSDV- Minority Service-Disabled Veteran Business Enterprise	<input type="checkbox"/> BPSV – Minority Female w/Disability 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	

Certification Expiration Date