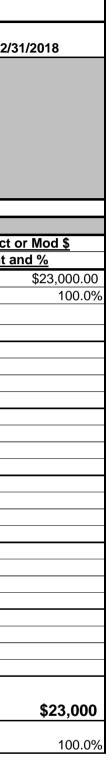
Γ			SUBCONTRACTOR WOR			DRM	
	Project Name: REGISTRAR SERVICES TO TH	1:2015 STANDARD FOR THE					
	DEPARTMENT OF PUBLIC UTILITIES	_				Dept. of Public Utilities	Date: 12
	Project Number:					Director's Office/Regulatory Compliance	
		-					-
	Project Manager: Tim Evans						
						Contract Amt or Mod (\$):	
	P.M. Phone #: 614-645-3290					\$23,000.00 (3rd year)	
	Prime Contractor:					Contract Duration: 3 years	
	Advanced Waste Management Systems, Inc.		Ordinance #: 0099-2019			(to be modifed annually)	
			Contractor and Subcontractor C	CCN, Scope and Fund	ding Sumr	nary	
					T =-		
	Name/	Prime	<u>Contact</u>	<u>CCCN/</u>	<u>Firm</u>	Contract or Mod Scope	Contrac
	Address	<u>Sub</u>	Information	Expires	<u>Type</u>		Amoun
	1 Advanced Waste Management Systems, Inc.	Prime	Jim Mullican, President	62-1249287	MAJ	Full EMS Registrar services which	
	6430 Hixon Pike		www.awm.net	5/10/2018		includes annual surveillance audits	
	Hixson, TN 37343		(423)843-2206			to maintain certification	
	432-843-2206						
	2						
:	3						
	4	_					
F	T						
	5						
0	6						
			Approved:			TOTAL CONTRACT or Mod AMOUN	т
	Version created 082012	Date:			Total Percentage		



SUBCONTRACTOR WORK IDENTIFICATION FORM							
Project Name	Project name as it appears on either the RFP or Bid Documents. The same name should be used in the legislation						
Project Number	Should be a twelve digit number represented as a six-six number. Example 650123-100000						
City Project Manager	The DOSD assigned to the project						
P.M. Phone #	The assigned City Engineer's telephone number						
Prime Contractor	contract / modification awardee						
Ordinance	Legislation number for the peoject. To be entered by DPU Fiscal						
Date	Date the document is completed						
Contract/Mod Amt (\$)	The amount of contract or modification cost for this project						
Name and Address	Company name; address; City & State; Zip Code; and Phone Number						
Prime/Sub	Indicate whether it the Prime contractor or a subcontractor						
Contact Information	Company Official, or Project Manager, Email address, and Phone number						
CCCN / Expires	City of Columbus Contract Compliance Number (Obtained through Equal Business Opportunity Commission Office - EBOCO) / Expiration Date: Date the CCCN expires						
Firm Type	The Majority or Minority identification of the company. Typically it be identified as: MAJ; MBE; FBE; ASN; or MBR						
Contract or Mod Scope	The scope or type of work being performed for this project						
Contract or Mod Amt	The total amount and percentage each participant will receive for this contract or modification						
Total Contract or Mod Amt	Total Amount for all participants in this contract or modification						
Total Percentage	Should equal one hundred percent						
Approved	DPU's EBOCO Liaison completes this section						
Date	The date of approval by DPU's EBOCO's Liaison						