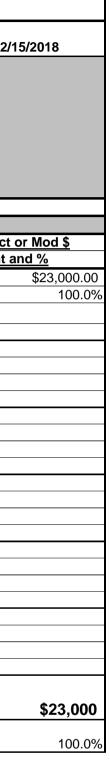
	SUBCONTRACTOR WORK IDENTIFICATION FORM						
	Project Name: REGISTRAR SERVICES TO THE ISO 14001:2015 STANDARD FOR THE					Dant of Dublic Utilities	
	DEPARTMENT OF PUBLIC UTILITIES			_		Dept. of Public Utilities	Date: 02
	Project Number:					Director's Office	
	Dreinst Manager, D.E. Ashten						
	Project Manager: R. E. Ashton P.M. Phone #: 614-645-6298 desk	_				Contract Amt or Mod (\$):	-
	614-604-5133 City cell					\$23,000.00 (2nd year)	
	Prime Contractor:			-		Contract Duration: 3 years	-
	Advanced Waste Management Systems, Inc.		Ordinance #: 0579-2018			(to be modifed annually)	
			Contractor and Subcontractor C	CCN, Scope and Fund	ding Sumr		
	Name/	Prime_	<u>Contact</u>	<u>CCCN/</u>	<u>Firm</u>	Contract or Mod Scope	Contrac
	Address	<u>Sub</u>	Information	<u>Expires</u>	Type		Amount
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						
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6	<u> </u>						
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		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					