**WORKFORCE SOLUTIONS FOR SOUTH TEXAS**

**SERVICE PROVIDER INFORMATION**

*Use tab key to move from box to box.*

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Head of Company:** |  |
| **Title:** |  |
| **Physical Address:** | **Suite No** **City****State** **Zip Code**  |
| **Mailing Address:****(If different)** | **Suite No****City      State       Zip Code** |
| **Main Telephone:** | **(****)** **-**  |
| **Main Fax Number:** | **(****)** **-** |
| **Email:** |  |
| **Web Site:** |  |
| **Contact Person(s):****(Individual(s) involved with procurement, grant development, contracting, etc.)** |  |
| **Contact Person Telephone Number:** | **(****)** **-****Ext.** |
| **Contact Person Fax:** | **(****)** **-** |
| **Contact Person Email:** |  |

**Type of Company:** *Use “x” to mark box.*

**[ ]  Private, For Profit** **[ ]  Private, Non-Profit** **[ ]  Corporation**

**[ ]  Public** **[ ]  Proprietary School, Institution of Higher Learning**

**[ ]  Other:**

**Is your company certified as a Historically Underutilized Business?** **[ ]  Yes** **[ ]  No**

|  |
| --- |
| **Description of Services**  |
|  |

**Fax or Email Form to:**

**Bertha Millan**

**Quality Assurance**

**(956) 722-3973**

**Bertha.millan@southtexasworkforce.org**