**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**](mailto:Bertha.millan@southtexasworkforce.org)