



CONTRACTOR NAME _____

CONTACT INFORMATION

EMAIL _____

CELL PHONE _____ HOME PHONE _____

MAILING ADDRESS

DESCRIPTION OF SERVICES

Please provide brief description of services that can be offered

AVAILABILITY

Please provide general description of availability to provide services.

DO YOU HAVE A VALID BUSINESS LICENSE? ___ YES ___ NO

In order to be considered as a contractor, you must possess a valid Guam business license.

TYPE OF BUSINESS _____ EXPIRATION DATE _____