

MWBE NOTICE OF INTEREST FORM

DELTA AIR LINES JFK INTERNATIONAL AIRPORT - PHASE 2.5 EXPANSION

Firm Name: _____

Firm Address: _____ City/State/Zip: _____

County: _____ Contact Name: _____ Title: _____

Telephone: _____ Fax: _____

Email Address: _____

Website: _____

MWBE Certified by PANYNJ (Yes/No): _____ Certificate #: _____ Expiration Date: _____

Please select the category that best describes your Race or Ethnicity. (Optional)

Asian/Pacific Islander Black/African American Hispanic White Other _____

Other Certifications (Agency/Type): _____

Work Specialties: _____

Average Annual Receipts: _____ Current EMR Rating: _____

Largest Contract Size Completed: \$ _____

Bonding Capacity: Individual: _____ Aggregate: _____

Date of Establishment: _____ Number of Employees: _____

Union Affiliation (Locals): _____

Type of work you offer to perform: _____

Completed by (name): _____

Title: _____

Date: _____

Please email this form to:

D'Anna Bradley or Ericka Brown at mwbeDELTAjfk@dackconsulting.com