

**SIGN IN SHEET – Solicitation 36C21618B0605**

**PROJECT 593-18-104 Pharmacy USP 800**

**Complete the following and turn into the Contracting Officer**

**1. Company Name:** Patchco, Inc

**Company Representative:** Van Leigh

**Phone #** 702) 328-3055 **Email:** Van-leigh@yahoo.com

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please check one of the following:**

\_\_\_\_\_ **General Contractor**

☒ **Sub-Contractor**

\_\_\_\_\_ **Supplier**

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**Complete the following and turn into the Contracting Officer**

**1. Company Name:** ABS fire

**Company Representative:** FERNANDO AGUILAR

**Phone #** 702.454.2277 **Email:** ABS.F.AGUILAR@ABSFIREFIRENV.COM

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please check one of the following:**

\_\_\_\_\_ **General Contractor**

\_\_\_\_\_ **Sub-Contractor**

\_\_\_\_\_ **Supplier**

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**Complete the following and turn into the Contracting Officer**

**1. Company Name:** Burham PAINT & DRY wall

**Company Representative:** PNTS

**Phone #** 702-558-7177 **Email:** LYLE @ BURHAM PAINT.COM

**Additional Representative:** ELDIW BURHAM

**Phone #** 702-558-7177 **Email:** ELDIW @ BURHAM PAINT.COM

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please check one of the following:**

\_\_\_\_\_ **General Contractor**

X \_\_\_\_\_ **Sub-Contractor**

\_\_\_\_\_ **Supplier**

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**Complete the following and turn into the Contracting Officer**

**1. Company Name:** VERGITH CONTRACTING

**Company Representative:** BRETT GEPHART

**Phone #** 702-566-6061 **Email:** bgephart@vergithcontracting.com

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please check one of the following:**

\_\_\_\_\_ **General Contractor**

X \_\_\_\_\_ **Sub-Contractor**

\_\_\_\_\_ **Supplier**

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**PROJECT 593-18-104 Pharmacy USP 800**

**Complete the following and turn into the Contracting Officer**

**1. Company Name:** D Square Construction

**Company Representative:** Jason Livingstone

**Phone #** (520) 748-9371 **Email:** Estimating@dsquarellc.com

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please check one of the following:**

☒ **General Contractor**

           **Sub-Contractor**

           **Supplier**

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**Complete the following and turn into the Contracting Officer**

**1. Company Name:** BEXAR - ASG

**Company Representative:** BRAD CHATWIN

**Phone #** 801.425.3456 **Email:** brad@asgPERFORMS.COM

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please check one of the following:**

  X   **General Contractor**

           **Sub-Contractor**

           **Supplier**

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**Complete the following and turn into the Contracting Officer**

**1. Company Name:** STATEWIDE FIRE PROTECTION

**Company Representative:** DION POBLETE

**Phone #** 702-280-3692 **Email:** DION.POLETE@WSFP.US

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please check one of the following:**

\_\_\_\_\_ **General Contractor**

☒ \_\_\_\_\_ **Sub-Contractor**

\_\_\_\_\_ **Supplier**

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**Complete the following and turn into the Contracting Officer**

**1. Company Name:** Herman Construction Group

**Company Representative:** Thomas Porganski

**Phone #** 949-973-5053 **Email:** Thomas.Porganski@Hermanca.com

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** Estimating@Hermanca.com

**Additional Representative:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please check one of the following:**

☒ **General Contractor**

☐ **Sub-Contractor**

☐ **Supplier**