



# Business Inquiry Form

Email completed form and any attachments to [Procurement@Avistacorp.com](mailto:Procurement@Avistacorp.com)

Legal Business Name:		
List type of company: (Corp, LLC, etc.)		
Address:		
City:	State:	Zip Code:
Contact Name:		
Contact Title:		
Email Address:	Phone Number:	
Business Website:		
Tax ID Number:	Union:	Yes      No
<b>WORKER COMPENSATION EXPERIENCE MODIFICATION RATE (EMR) SCORES</b>		
Current Year EMR:	Last Year's EMR:	
Two years prior EMR:		
<b>Provide North American Industry Classification System (NAICS) Codes with Work Description:</b> (example: 238910 Excavation Contractor)		
<b>Small Business Category</b> (Check applicable box):	Small Business	8(a) Small Business      N/A
<b>Diverse Business Category</b> (Check applicable box):	Minority Business Enterprise (MBE)      Service-Disabled Veteran-owned Small Business (SDVOSB) Disadvantage Business Enterprise (DBE)      HubZone Small Business Women Business Enterprise (WBE)      Socially & Economically Disadvantaged Business Enterprise (SEDBE) Veteran-owned Small Business (VOSB)      N/A	
<b>Diverse Business Certificate Number:</b> If a Diverse Business, attach a copy of Certification.		
Diverse Business Certificate Expiration Date:		
Additional Information (Optional):		

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Submitting a completed Business Inquiry Form does not guarantee a business relationship with Avista. If your company fits a need in the future, Avista will contact you to begin the pre-qualification process.