



Alutiiq Registration Portal



Welcome,

Please take a few minutes to register your company information with Alutiiq. At the end of the registration process you will be asked to upload files in pdf format, so you will want to have those ready before you begin your online registration. Carefully review the table below to determine what additional information is needed for registration.

Please review carefully the additional materials required in the table below. Each of the bulleted items is also a hotlink with a sample of the document you are being asked to produce. If you click on the link "Web Registration" you will see a sample of each page of in the registration portal and questions on each page.

You will be asked to attach PDF version of the required info at the end of the registration. If you do not submit those documents, your registration will not be processed. See instructions attached [here](#).

Completing the registration form should take 15-30 minutes. Once you begin, you must complete the entire form in one session. If you do not complete the form in a single session, you must start from the beginning to submit your data at a later time.

Subcontractors whose annual work for Alutiiq is BELOW \$35,000 must provide the following information at time of registration:	Subcontractors whose annual work for Alutiiq is ABOVE \$35,000 must provide the following information at time of registration:
<ul style="list-style-type: none">• Web Registration (See Sample Registration Questions HERE)	<ul style="list-style-type: none">• Web Registration (See Sample Registration Questions HERE)
<ul style="list-style-type: none">• Completed W-9 (See Sample HERE)	<ul style="list-style-type: none">• Completed W-9 (See Sample HERE)
<ul style="list-style-type: none">• Current Certificate of Insurance (See Sample HERE)	<ul style="list-style-type: none">• Current Certificate of Insurance (See Sample HERE)
	<ul style="list-style-type: none">• Letter of Bondability* (See Sample HERE) or Current Balance Sheet (See Sample HERE)
	<ul style="list-style-type: none">• Workers Compensation EMR ** (See Sample HERE)

* This item required for subcontractors with surety bonding programs. All others provide a current balance sheet.

** Experience Modification Rate from National Council on Compensation Insurance (NCCI)

[Start Application](#)

If you have questions about this application or its processing, please contact Due Diligence Team. [Contacts List](#)



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Please note: This session will end if you leave the form inactive for a period of more than 45 minutes.

***Orange fields are required.**

A. Company Information

1. Company Legal Name	<input type="text"/>		
2. Year Est./Incorporated	<input type="text"/>	3. State of Incorporation	<input type="text"/>
4. Years w/Present Name	<input type="text"/>	5. Prior Company Names	<input type="text"/>
6. Mailing Address (Headquarters)	<input type="text"/>		
7. Street Address (Headquarters)	<input type="text"/>		
8. City	<input type="text"/>	9. State	<input type="text"/>
10. ZIP	<input type="text"/>	11. Country	<input type="text"/>

B. POC Name/Title

1. POC First Name	<input type="text"/>	2. POC Last Name	<input type="text"/>
3. POC Title	<input type="text"/>	4. POC Email	<input type="text"/>
5. POC Phone Number	<input type="text"/>	6. Alternate POC Email	<input type="text"/>

C. Alutiiq Contact

1. My company will do
- LESS than \$35,000 in ANNUAL revenue from contracted services to Alutiiq
- MORE than \$35,000 in ANNUAL revenue from contracted services to Alutiiq

Please enter the name of the **Alutiiq Employee** you have been in contact with in regards to working as a contractor for Alutiiq.

2. Alutiiq Employee First Name	<input type="text"/>	3. Alutiiq Employee Last Name	<input type="text"/>
3. What Alutiiq Line of Business are you working with?	<input type="radio"/> Construction <input type="radio"/> Logistics, Ops & Maint <input type="radio"/> Security and Professional/Technical Services <input type="radio"/> Youth Services		

D. Additional Information

1. DCAA POC First Name (Defense Contract Audit Agency)	<input type="text"/>	2. DCAA POC Last Name	<input type="text"/>
3. DCAA POC Phone	<input type="text"/>	4. DCAA POC Email	<input type="text"/>

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0123456789

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E. Business Profile

1. Business Class

- Large
- Non-Profit / Educational
- Small

2. List the Owners (Shareholders, Members, Partners, etc.) of the Company and their percent ownership.

Add New	Name	Title	%
No data to display			

3. Do any of the Owners (Shareholders, Members, Partners, etc.) of the Company own another business that is presently performing work, or in the past has performed work, for Afognak Native Corporation, Alutiiq, LLC, or any of their subsidiaries?

Yes No

4. Do any of the Owners (Shareholders, Members, Partners, etc.) of the Company have a spouse, parent, child, sibling that works for, or has previously worked for, Afognak Native Corporation, Alutiiq, LLC, or any of their subsidiaries?

Yes No

F. Socio Economic Status

1. Socio Economic Status Not Applicable

- 8(a) Certified Alaska Native Corporation Historically Black College or University
- Hub Zone Indian Tribe (Federal) Minority Owned
- Native Hawaiian Service Disabled Veteran Owned Small Disadvantaged
- Veteran Owned Woman Owned

2. Can Certifications be provided for the above marked Classifications? Yes No

3. **Dun & Bradstreet credit reports are required from each Alutiiq business partner.** Please provide your D&B number and year listed. Please note that, even if you do not currently subscribe to D&B services, it is likely that your company is listed in their database, but without current information. If you are not presently registered and do not have a DUNS number, registration on the Dun & Bradstreet site is free.

[Dun & Bradstreet website](#)

Dun Bradstreet #

Year Listed in D&B

4. Taxpayer ID#

5. Your Company Website

6. **System for Award Management (SAM) registration may be required for Alutiiq business partners.** Please visit the SAMs website and register if you are not already registered. The System for Award Management (SAM) is the Official U.S. Government system that consolidates the capabilities of CCR/FedReg, ORCA, and EPLS. There is NO fee to register for this site.

[SAMs website](#)

Are you registered in SAM?

Yes No

7. Commercial & Governmental Entity (CAGE) Code

[fsd.gov website](#)

8. Primary North American Industry Classification System (NAICS) Code

[NAICS website](#)

9. Other NAICS Codes

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ALTERNATE VIEW

2. List the Owners (Shareholders, Members, Partners, etc.) of the Company and their percent ownership.

Add New	Name	Title	%
	Name:* <input type="text"/>	Title:* <input type="text"/>	%:* <input type="text"/>
Update Cancel			

3. Do any of the Owners (Shareholders, Members, Partners, etc.) of the Company own another business that is presently performing work, or in the past has performed work, for Afognak Native Corporation, Alutiiq, LLC, or any of their subsidiaries?

Yes No

Add New	Name	Afognak/Alutiiq Subsidiary	Dates	Location	Type of Work Performance
	Name:* <input type="text"/>	Afognak/Alutiiq Subsidiary:* <input type="text"/>	Dates:* <input type="text"/>	Location:* <input type="text"/>	Type of Work Performance:* <input type="text"/>
Update Cancel					

4. Do any of the Owners (Shareholders, Members, Partners, etc.) of the Company have a spouse, parent, child, sibling that works for, or has previously worked for, Afognak Native Corporation, Alutiiq, LLC, or any of their subsidiaries?

Yes No

Add New	Name	Please Provide Details
	Name:* <input type="text"/>	Please Provide Details:* <input type="text"/>
Update Cancel		



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***Orange fields are required.**

G. Capabilities

1. Primary Business Activity(s)

- | | |
|--|---|
| <input type="radio"/> Analytical | <input type="radio"/> Architect/Engineering |
| <input type="radio"/> Construction (including construction trades) | <input type="radio"/> Engineering Services |
| <input type="radio"/> General Contracting | <input type="radio"/> IT Services |
| <input type="radio"/> Logistics | <input type="radio"/> Maintenance |
| <input type="radio"/> Operations | <input type="radio"/> Other |
| <input type="radio"/> Professional Services | <input type="radio"/> Security Services |

2. List states in which you are presently able to conduct business

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H. Past Performance

1. Do you have the ability to complete certified payrolls? Yes No
2. Did your company have \$300,000 or more in gross income from all sources for the prior tax year? Yes No
3. Within the prior three years, has your firm:
 - Ever received a Show of Cause, negative CPAR, or Cure Notice? Yes No
 - Ever received a Notice of Default? Yes No
 - Ever been in bankruptcy, voluntary or involuntary reorganization? Yes No
 - Ever been disbarred from pursuing public work? Yes No
 - Ever been fined by any regulatory agency for non-compliance? (Including OSHA, DOL, DOT, EPA, DEC, etc) Yes No
 - Have any outstanding/unresolved financial/audit issues with DCAA? (Defense Contract Audit Agency) Yes No

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 Yes No

- Ever received a Show of Cause, negative CPAR, or Cure Notice?

Please explain.

• Ever received a Notice of Default? Yes No

Please explain.

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I. Bonding Program Information

1. Do you have a surety bonding program?

Yes No

2. Are you able to provide bid bonds?

Yes No

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J. Insurance Information

A valid insurance program is required for all Alutiiq projects. Your Certificate of Insurance MUST include the following or your registration MAY not be approved.

Please note: Depending on the type of work performed and the scope of your subcontract, you may be asked for additional coverage. As an example, Medical Malpractice may be required for medical care providers, Pollution Liability may be required for companies that are using hazardous chemicals in the performance of their work (pesticides, etc.), or Professional Liability may be required for design professionals.

Coverage Type	Limits Required	Does your insurance program meet these MINIMUM requirements?
REQUIRED INSURANCE FOR ALL SUB/CONTRACTORS		
1. General Liability	\$1,000,000 Per Occurrence \$2,000,000 Aggregate	<input type="radio"/> Yes <input type="radio"/> No
2. Auto Liability	\$1,000,000 per Occurrence	<input type="radio"/> Yes <input type="radio"/> No
3. Workers Compensation	Statutory Limits	<input type="radio"/> Yes <input type="radio"/> No
4. Employer's Liability	\$500,000 per Occurrence	<input type="radio"/> Yes <input type="radio"/> No
OTHER INSURANCE PROVISIONS REQUIRED		
5. Additional Insured	Alutiiq shall be named as an Additional Insured on all policies except Workers Compensation and Professional Liability	<input type="radio"/> Yes <input type="radio"/> No
6. Waiver of Subrogation	Waiver of Subrogation in favor of Alutiiq is required	<input type="radio"/> Yes <input type="radio"/> No
7. Primary/Non-Contributory	Policies shall be Primary/Non-Contributory	<input type="radio"/> Yes <input type="radio"/> No

If your insurance program does not meet these minimum requirements, the Alutiiq contract manager may request a waiver of any insurance provision from Alutiiq Risk Management. Waivers will be granted depending on the contract scope of work, contract value, overall risk of subcontractor's work, client flow-down requirements, applicable regulations, and other business considerations.

K. Safety

- Do you have a full-time safety professional on staff? Yes No
- Has your company received any OSHA citations within the prior three years? Yes No

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2018-01-01

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REQUIRED INSURANCE FOR ALL SUB/CONTRACTORS		
1. General Liability	\$1,000,000 Per Occurrence \$2,000,000 Aggregate	<input type="radio"/> Yes <input checked="" type="radio"/> No
Please explain.		
2. Auto Liability	\$1,000,000 per Occurrence	<input type="radio"/> Yes <input checked="" type="radio"/> No
Please explain.		
3. Workers Compensation	Statutory Limits	<input type="radio"/> Yes <input checked="" type="radio"/> No
Please explain.		
4. Employer's Liability	\$500,000 per Occurrence	<input type="radio"/> Yes <input checked="" type="radio"/> No
Please explain.		
OTHER INSURANCE PROVISIONS REQUIRED		
5. Additional Insured	Alutiq shall be named as an Additional Insured on all policies except Workers Compensation and Professional Liability	<input type="radio"/> Yes <input checked="" type="radio"/> No
Please explain.		
6. Waiver of Subrogation	Waiver of Subrogation in favor of Alutiq is required	<input type="radio"/> Yes <input checked="" type="radio"/> No
Please explain.		
7. Primary/Non-Contributory	Policies shall be Primary/Non-Contributory	<input type="radio"/> Yes <input checked="" type="radio"/> No
Please explain.		

If your insurance program does not meet these minimum requirements, the Alutiq contract manager may request a waiver of any insurance provision from Alutiq Risk Management. Waivers will be granted depending on the contract scope of work, contract value, overall risk of subcontractor's work, client flow-down requirements, applicable regulations, and other business considerations.

K. Safety

1. Do you have a full-time safety professional on staff? Yes No

Contact First Name

Contact Last Name

Phone

2. Has your company received and OSHA citations within the prior three years? Yes No

Please explain the citation and any corrective actions you took following the citation.

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L. Status of Subcontractor Business Systems

1. Does your company have a DCAA approved accounting system? Yes No
2. Does your company have an approved DCAA purchasing system? Yes No
3. Does your company have an approved DCAA estimating system? Yes No
4. Does your company have an approved DCAA property system? Yes No

M. Security Clearance

1. Does your company have Facility Security Clearances? Yes No

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Please note: This session will end if you leave the form inactive for a period of more than 45 minutes.

**Orange fields are required.*

L. Status of Subcontractor Business Systems

1. Does your company have a DCAA approved accounting system? Yes No

Please provide date of approval and report number

Date Of Approval Report Number

2. Does your company have an approved DCAA purchasing system? Yes No

Please provide date of approval and report number

Date Of Approval Report Number

3. Does your company have an approved DCAA estimating system? Yes No

Please provide date of approval and report number

Date Of Approval Report Number

4. Does your company have an approved DCAA property system? Yes No

Please provide date of approval and report number

Date Of Approval Report Number

M. Security Clearance

1. Does your company have Facility Security Clearances? Yes No

Identify Agency

Federal Agency Clearance Level Date of Approval

Add Record

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Don't forget! Add/View Your Uploaded Files



Required Materials and File Uploads

Subcontractors whose annual work for Alutiq is BELOW \$35,000 must provide the following information at time of registration:	Subcontractors whose annual work for Alutiq is ABOVE \$35,000 must provide the following information at time of registration:
• Web Registration	• Web Registration
• Completed W-9	• Completed W-9
• Current Certificate of Insurance	• Current Certificate of Insurance
	• Letter of Bondability*/Balance Sheet
	• Workers Compensation EMR **

* This item required for subcontractors with surety bonding programs. All others provide a current balance sheet.

** Experience Modification Rate from National Council on Compensation Insurance (NCCI)

- Audited Financials
- Letter of Bondability / Current Balance Sheet
- Sample COI *This file is required*
- NCCI/Workers Compensation Experience Rate Modification (EMR)
- W-9 *This file is required*
- Other 1
- Other 2
- Other 3

N. Statement of Compliance/ Authorization to Release Information

By submitting this application form, I certify that the responses herein are true and complete to the best of my knowledge and belief. Knowingly providing false or misleading statements will be grounds for disqualification of the application. I authorize Alutiq to contact references noted or information provided herein for the purposes of verifying the qualifications of my company. I hereby release Alutiq, LLC and its parent, subsidiaries, affiliates, and each of its and their respective former and current owners, shareholders, members, officers, directors, representatives, agents, employees, and successors and assigns from liability or damage that may result from furnishing the information requested.

First Name

Last Name

Title

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