



Subcontractor Form

(Non-Federally Funded Contract)

A separate subcontractor form must be completed by the prime contractor for each subcontractor and/or SBE supplier that will be working or otherwise participating on the prime contract by performing all or part of the work, and/or providing goods or services. Ensuring accurate completion of this subcontractor form is the responsibility of the prospective prime contractor. Duplicate this form as needed.

All sections must be completed; no fields should be left blank. If appropriate, enter "not applicable" or "N/A"

Note: Both the prime and subcontractor authorized representatives must sign this form if a subcontractor is being utilized.

Project & Prime Contractor Information

Project Title: McNamara Terminal Ticketing Family Restrooms

1. Prime Contractor Brenca Contractors, Inc.

2. Are there any subcontractors and/or SBE suppliers to be utilized under this contract?

Yes ☒ Fill out 3-10 of this section for each subcontractor

No ☐ Skip to "Certification & Signature" section

3. Subcontractor Name & Address:

4. EIN #

5. Subcontractor Primary Contact Name/Title/Phone:

6. Subcontractor Primary Contact Email:

7. Subcontractor is a WCAA Certified SBE:

No ☐

Yes ☐

WCAA SBE Cert#

8. Subcontractor Owners/Partners/Corporate Director/Principal Stockholders(>5% interest/stock holdings):

Detailed description of the work to be performed by the Subcontractor, Item Number from Price Form, and applicable NAICS Code(s):

Work Description:

Price Form Item #(s):

NAICS Code(s):

9. Percent of Total Contract (excluding allowances; must match SBE Commitment Summary Form):

Certification & Signature

Under penalty of perjury, I certify that:

- 1) I am authorized to execute this form on behalf of my firm;
- 2) I have conducted reasonable due diligence in collecting the information to be submitted on or with this form; and
- 3) I understand that this form contains material statements relied upon by the Airport Authority as a part of their decision-making process and, based on my knowledge, the foregoing form does not contain any untrue information or omit any material fact necessary to make the information contained herein true and complete.

Prime Contractor

Kevin Brickel

Vice President



09/09/2026

Authorized Representative - Printed Name

Title

Signature

Date

Subcontractor (First Tier)

Subcontractor Name (First Tier)

Authorized Representative - Printed Name

Title

Signature

Date

Subcontractor (Second Tier) *(if applicable)*

Subcontractor Name (Second Tier)

Authorized Representative - Printed Name

Title

Signature

Date