

Top Specialty Contractors Survey

Fax or e-mail completed forms by **Friday, May 6, 2005**

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**Louisiana
Contractor**

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The August 2005 issue of *Louisiana Contractor* magazine will feature our annual Top Specialty Contractors rankings. Please complete the questionnaire below to receive recognition for work accomplished during the last fiscal year. The 2005 Top Specialty Contractors ranking is also posted on www.louisiana.construction.com for a full year.

Ranking Criteria: Firms will be ranked based on revenue from in-state projects during the last fiscal year. Firms will also be ranked by total company-wide revenue and specialty.

Company Name: _____ Year Company Started: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Web site: _____

Region's Top Officer/Principal: _____ Title: _____

Your firm's (Louisiana only) construction revenue (ex. single-family homes) in your last fiscal year: _____

Your firm's (company-wide) construction revenue (ex. single-family homes) in your last fiscal year: _____

Name of the largest in-state project to break ground in your last fiscal year: _____

Location of project: _____ \$ Volume of your portion: _____

Please provide revenue totals for all of the categories in which you want to be ranked.

	\$ Amount of Revenue		\$ Amount of Revenue
Electrical	\$ _____	Masonry	\$ _____
Mechanical	\$ _____	Paintings & Coatings	\$ _____
Plumbing	\$ _____	Paving	\$ _____
Concrete	\$ _____	Roofing	\$ _____
Demolition/Wrecking	\$ _____	Sheet Metal	\$ _____
Excavation/Foundation/Utility	\$ _____	Steel Erection/Fabrication	\$ _____
Fire Protection/Security	\$ _____	Telecommunications	\$ _____
Glazing/Curtain Wall	\$ _____	Wall/Ceiling/Interior Finish	\$ _____
Hazardous Materials	\$ _____	Other (specify)	_____
Landscape	\$ _____	\$ _____

Person to contact about above information:

Contact (please print): _____ Signature: _____

Phone: _____ FAX: _____ e-mail: _____

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No, I am not interested at this time

Signature (Required) _____ Name (Please Print) _____ Date: _____

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