



## SUBCONTRACTOR PACKET

Dear Subcontractor:

Triton Marine Construction Corp.'s goal is to provide our clients and customers with exceptional services and in that pursuit we want to partner with the most capable and qualified subcontractors that Triton can team with to meet these goals. As a General Contractor we rely on solid relationships with our subcontractors and that starts with understanding our subcontracting partners businesses.

Enclosed you will find the necessary paperwork that is required for Triton's subcontractors to participate in upcoming project opportunities. Please complete the package and return it to [SBA@tritonmarine.us](mailto:SBA@tritonmarine.us) and Sharmi Layne at [slayne@tritonmarine.us](mailto:slayne@tritonmarine.us)

The Subcontractor information sheet needs to be filled out with the most current and accurate information. Please include all information requested.

If you have any questions concerning the Subcontractor requirements, don't hesitate to contact Sharmi Layne at [slayne@tritonmarine.us](mailto:slayne@tritonmarine.us) or 360-373-7090 office.

Sincerely,

Sharmi Layne  
Business Development Manager  
Triton Marine  
360-373-7090 office



## SUBCONTRACTORS INFORMATION FORM

Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If Same as above leave blank)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Off Hours/Emergency Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Alternate Point of Contact: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_ Or Social Security # \_\_\_\_\_

Corporation? \_\_\_\_\_ Partnership? \_\_\_\_\_ Sole Proprietorship? \_\_\_\_\_

Contractor's/ Professional License Number: \_\_\_\_\_ Limit \_\_\_\_\_ Classification \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (Please attach copy) State: \_\_\_\_\_



## Subcontractor/Supplier CMMC Self-Certification

Company Name:	Cage Code:
Address:	EIN:
City/State/Zip:	Email:
Contact Name:	Phone No.:
Parent Company:	Parent Company Cage Code:

Per 32 CFR 170.23, FAR 52.204-21 and DFAR 52.204-7021 all contractors, suppliers and subcontractors that will process, store or transmit FCI (Federal Contract Information) or CUI (Controlled Unclassified Information) in performance of a subcontract or other contractual instrument are required to submit a self-assessment through the SPRS system. No FCI or CUI can be shared with your company for the purpose of either bidding or subcontract work without this self-certification.

1. Has your company completed a CMMC Level 1 Self-Assessment: yes no
  - a. Date the CMMC Level 1 Self-Assessment was completed: \_\_\_\_\_
  - b. Any changes in compliance status since Self-Assessment: yes no
    - i. If yes, please explain: \_\_\_\_\_
  - c. Affirming Official's Name, Title and Email: \_\_\_\_\_  
\_\_\_\_\_
  - d. Please provide a copy or screenshot showing your SPRS status and affirmation.
  
2. Has your company completed either a CMMC Level 2 Self-Assessment or a Level 2 C3PAO Assessment: yes no
  - a. Which Level 2 Assessment was completed: self C3PAO
  - b. Date the CMMC Level 2 Assessment was completed: \_\_\_\_\_
  - c. Any changes in compliance status since Level 2 Assessment: yes no
    - i. If yes, please explain: \_\_\_\_\_
  - d. Affirming Official's Name, Title and Email: \_\_\_\_\_  
\_\_\_\_\_
  - e. Please provide a copy or screenshot showing your SPRS status and affirmation.

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The individual signing the above certification on behalf of the company hereby certifies that the information set forth above is accurate, understands that Triton Marine Construction Corp. will rely on this information, and that they are authorized to sign this certification on behalf of the company.

