

SUBCONTRACTOR PRE-QUALIFICATION FORM

Please complete this form with as much detail as possible to assist us in evaluating your company's qualifications.

Full Name of Company: _____

Street Address: _____

Mailing Address: _____
(check if same as above)

Business Phone: _____

Fax Number: _____

E-mail Address: _____

Authorized Signer(s): _____

Type of Work Performed: _____

How long has your Company been in business? _____ years

What, if any, are your Contract Limitations: \$ _____

Is your Company incorporated? _____ In what state? _____ Incorporated in what year? _____

Names and Addresses of Officers (attach additional sheets if necessary):

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

If not incorporated, is your company a Sole Proprietorship? _____

If a Partnership, please name partners:

Name: _____ Name: _____

Address: _____ Address: _____

SSN: _____ SSN: _____

Phone: _____ Phone: _____

Bank: _____

Address: _____

Contact: _____ Phone: _____

Bonding Carrier (Performance/Payment): _____

Bonding Agent Phone: _____ Contact: _____

MBE: Yes No
Minority Business Enterprise

WBE: Yes No
Women Business Enterprise

DBE: Yes No
Disadvantage Business Enterprise

List your volume for the past three years: _____ 20__ -- _____ 20__ -- _____ 20__ --
Year Year Year

List significant projects completed in the last three (3) years (attach additional sheets if necessary):

Project Location	Size	Completion Date	Contact Phone

Primary geographical areas in which your Company holds an active Business License:

_____	_____	_____	_____
(County or Municipality)	(County or Municipality)	(County or Municipality)	(County or Municipality)
License Number: _____	License Number: _____	License Number: _____	License Number: _____
Expiration Date: _____	Expiration Date: _____	Expiration Date: _____	Expiration Date: _____
_____	_____	_____	_____
(County or Municipality)	(County or Municipality)	(County or Municipality)	(County or Municipality)
License Number: _____	License Number: _____	License Number: _____	License Number: _____
Expiration Date: _____	Expiration Date: _____	Expiration Date: _____	Expiration Date: _____
_____	_____	_____	_____
(County or Municipality)	(County or Municipality)	(County or Municipality)	(County or Municipality)
License Number: _____	License Number: _____	License Number: _____	License Number: _____
Expiration Date: _____	Expiration Date: _____	Expiration Date: _____	Expiration Date: _____

Note: Please attach a copy of your Business License(s) to this Form

List four (4) General Building Contractor references with their contact information. *Please attach copies of any letters of recommendation.*

Name: _____ Name: _____
Address: _____ Address: _____
City, State ZIP: _____ City, State ZIP: _____
Contact: _____ Contact: _____
Phone: _____ Phone: _____

Name: _____ Name: _____
Address: _____ Address: _____
City, State ZIP: _____ City, State ZIP: _____
Contact: _____ Contact: _____
Phone: _____ Phone: _____

Number of Employees: _____

To the best of my knowledge, the information provided on this form, including attachments, is accurate.

Signed: _____ Title: _____
Company Name: _____ Date: _____