



SUBCONTRACTOR PREQUALIFICATION FORM

GENERAL INFORMATION

Date: _____

Name of Firm _____

Address _____

County _____ Telephone _____

Toll Free _____ Fax _____

Website _____

Contact for Bid Purposes - Name: _____

Phone _____ Email _____

Legal Identity: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation

☐ Limited Liability Partnership ☐ Other (specify) _____

Is your business certified as:

- Minority Business Enterprise (MBE) ☐ Yes ☐ No
- Woman Owned Business Enterprise (WBE) ☐ Yes ☐ No
- Disadvantaged Business Enterprise (DBE) ☐ Yes ☐ No
- Hub-Zone Small Business (HZSB) ☐ Yes ☐ No

Forward a copy of your certification with this form, if applicable.

LICENSES

Business Licenses Currently Held:

State/Town _____ License # _____ Exp. Date _____

State/Town _____ License # _____ Exp. Date _____

State/Town _____ License # _____ Exp. Date _____

State/Town _____ License # _____ Exp. Date _____

Forward a copy of each license with this form.

Federal Identification Number _____

How long has your organization been in business as a contractor? _____ yrs.

Number of Employees: Administrative ☐ _____ Project Management ☐ _____ General Office ☐ _____

Field Superintendents ☐ _____ Foremen ☐ _____ Skilled Laborers ☐ _____ Gen. Laborers ☐ _____

CONTRACT

Has your firm ever failed to complete a contract? ☐ Yes ☐ No

Has your firm ever been in a lawsuit regarding the following:

Project Performance ☐ Yes ☐ No

Payments ☐ Yes ☐ No

Schedule ☐ Yes ☐ No

Within the last five years, has any officer or principal of your firm been an officer or principal of another organization when it failed to complete a construction contract? ☐ Yes ☐ No

SAFETY

Does your firm have an executed safety training program? ☐ Yes ☐ No

List current year: _____ Days of restricted work activity _____ Injuries on job sites.

REFERENCES

List three (Owner, Construction Manager, or General Contractor) references for which you have performed work in the last two years.

Company Name _____

Address _____

Contact Name _____ Email _____

Telephone _____ Fax _____

Company Name _____

Address _____

Contact Name _____ Email _____

Telephone _____ Fax _____

Company Name _____

Address _____

Contact Name _____ Email _____

Telephone _____ Fax _____

INSURANCE

Insurance Company _____

Broker/Agent Company _____

Agent Contact _____ Email _____

Telephone _____ Fax _____

Please list ALL trades that your company currently performs: _____
