



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 _____

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: _____
