



## SUBCONTRACTOR PREQUALIFICATION FORM

1. The undersigned certifies that all information supplied in this form is correct:

\_\_\_\_\_  
Print name of person responsible for information

2. Company Name: \_\_\_\_\_

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

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

Office Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Dunn's #: \_\_\_\_\_

Type of work you specialize in: \_\_\_\_\_

3. Are you a \_\_\_ corporation, \_\_\_ partnership, \_\_\_ sole proprietorship?

3a. If a corporation: Date of incorporation: \_\_\_\_\_

State of incorporation: \_\_\_\_\_

President: \_\_\_\_\_

Vice President(s): \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

3b. If a partnership or an individual: Date of organization: \_\_\_\_\_

Name and home address of all partners: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Under what former names has your organization operated? \_\_\_\_\_

For how long? \_\_\_\_\_

5. How long has the owner/principal operator been working in this type of business?

\_\_\_\_\_

6. Where did the owner/principal operator formerly work? \_\_\_\_\_

\_\_\_\_\_

7. What percentage of your revenues are \_\_\_\_% Residential \_\_\_\_% Commercial?

8. How many people are typically employed: full time in the field \_\_\_\_\_;

part time in the field \_\_\_\_\_;job supervisors \_\_\_\_\_;office personnel\_.

9. Have you filed any lawsuits within the last 10 years? If so please provide detailed information. \_\_\_\_\_

\_\_\_\_\_

10. Client references for similar type and/or sized projects. Provide references only from the clients that you were paid by.

<u>Project Name</u>	<u>Your Contract Amount</u>	<u>Month/Year Started &amp; Completed</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**THE FOLLOWING MUST CORRESPOND WITH THE ABOVE INFORMATION**

<u>Owner/General Contractor</u>	<u>Contact</u>	<u>Position</u>	<u>Phone</u>	<u>Email</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_



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

\_\_\_\_\_  
Print name of person  
responsible for above information

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Subscribed under oath before me  
on: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: