

# Pre-Qualification Form

## General Info

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Payment Address

Add'l Info: \_\_\_\_\_

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

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

Country: \_\_\_\_\_

Add'l Address: \_\_\_\_\_

### Purchase Address

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

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

Country: \_\_\_\_\_

Add'l Address: \_\_\_\_\_

### Vendor Type

Regular:  Supplier:

E-mail Address: \_\_\_\_\_

Internet Address: \_\_\_\_\_

# Pre-Qualification Form

## Additional Info

Organization Established: \_\_\_\_\_  
Organization Type: \_\_\_\_\_  
Incorporation Country: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Registration: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_  
Office Type: \_\_\_\_\_

## Parent Organization

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Add'l Address: \_\_\_\_\_  
  
Other names / DBA: \_\_\_\_\_  
Trade Associations: \_\_\_\_\_

Qualified:

# Pre-Qualification Form

## Headcount

### Number of Employees

Present                      3 Year Avg.

Executive Management: \_\_\_\_\_  
Office Management/Staff: \_\_\_\_\_  
Shop/Equip Mgmt/Staff: \_\_\_\_\_  
Job Site Mgmt/Staff: \_\_\_\_\_  
Trades People: \_\_\_\_\_

### 2 Year Turnover

Left                              Joined

Corporate Owners: \_\_\_\_\_  
Key Managers: \_\_\_\_\_  
PM's/Superintendents: \_\_\_\_\_

### Union

Shop Type: \_\_\_\_\_

# Pre-Qualification Form

## Technology

### Accounting/ Job Cost System

Name of Vendor: \_\_\_\_\_  
First Installed: \_\_\_\_\_  
Current Version: \_\_\_\_\_  
Operating System: \_\_\_\_\_  
Database: \_\_\_\_\_

### Project Management System

Name of Vendor: \_\_\_\_\_  
First Installed: \_\_\_\_\_  
Current Version: \_\_\_\_\_  
Operating System: \_\_\_\_\_  
Database: \_\_\_\_\_

### Project Scheduling System

Name of Vendor: \_\_\_\_\_  
First Installed: \_\_\_\_\_  
Current Version: \_\_\_\_\_  
Operating System: \_\_\_\_\_  
Database: \_\_\_\_\_

### Document Management System

Name of Vendor: \_\_\_\_\_  
First Installed: \_\_\_\_\_  
Current Version: \_\_\_\_\_  
Operating System: \_\_\_\_\_  
Database: \_\_\_\_\_

Job Site Connectivity: \_\_\_\_\_

# Pre-Qualification Form

## Safety

### Highest Ranking Safety Executive

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Certificates: \_\_\_\_\_

### Documented Safety Meetings

Frequency - please circle one

<input type="checkbox"/> For New Hires:	Once	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annual
<input type="checkbox"/> For Field Supervisors:	Once	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annual
<input type="checkbox"/> For Employees:	Once	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annual
<input type="checkbox"/> For Subs/Vendors:	Once	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annual

### Company Safety Programs/Policies

- A safety officer conducts safety inspections on all projects
- Have implemented 100% fall protection
- Can provide a site-specific program addressing fall hazards in your work
- New Employee safety training
- Employee Safety recognition program
- Disciplinary program for safety violations
- Accident/incident investigations
- Workplace sexual harassment training
- Affirmative action plan for employees
- Review the safety management system of subcontractors
- Require employees to be subject to project-specific substance abuse screening
- Written Safety program/policy
- Written disciplinary policy
- Annual safety goals
- Return to work/light duty program

### Substance Abuse Screening

- Pre-Employment
- Random
- Periodic
- Post Accident
- Reasonable Suspicion

# Pre-Qualification Form

## OSHA

Year:	_____	Fatalities:	_____
Total Staff Hours:	_____	ERM:	_____
Total Trade Hours:	_____	Vehicle Accidents:	_____
Lost Days Cases:	_____	Vehicle Accident Cost:	_____
Lost Days Rate:	_____	Total Liability Loss:	_____
Injury Rate:	_____	OSHA Violations:	_____
		Willful Violations:	_____

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Year:	_____	Fatalities:	_____
Total Staff Hours:	_____	ERM:	_____
Total Trade Hours:	_____	Vehicle Accidents:	_____
Lost Days Cases:	_____	Vehicle Accident Cost:	_____
Lost Days Rate:	_____	Total Liability Loss:	_____
Injury Rate:	_____	OSHA Violations:	_____
		Willful Violations:	_____

---

Year:	_____	Fatalities:	_____
Total Staff Hours:	_____	ERM:	_____
Total Trade Hours:	_____	Vehicle Accidents:	_____
Lost Days Cases:	_____	Vehicle Accident Cost:	_____
Lost Days Rate:	_____	Total Liability Loss:	_____
Injury Rate:	_____	OSHA Violations:	_____
		Willful Violations:	_____

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# Pre-Qualification Form

**OSHA**

**- Continued**

<b>Year:</b>	_____	<b>Fatalities:</b>	_____
<b>Total Staff Hours:</b>	_____	<b>ERM:</b>	_____
<b>Total Trade Hours:</b>	_____	<b>Vehicle Accidents:</b>	_____
<b>Lost Days Cases:</b>	_____	<b>Vehicle Accident Cost:</b>	_____
<b>Lost Days Rate:</b>	_____	<b>Total Liability Loss:</b>	_____
<b>Injury Rate:</b>	_____	<b>OSHA Violations:</b>	_____
		<b>Willful Violations:</b>	_____

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<b>Year:</b>	_____	<b>Fatalities:</b>	_____
<b>Total Staff Hours:</b>	_____	<b>ERM:</b>	_____
<b>Total Trade Hours:</b>	_____	<b>Vehicle Accidents:</b>	_____
<b>Lost Days Cases:</b>	_____	<b>Vehicle Accident Cost:</b>	_____
<b>Lost Days Rate:</b>	_____	<b>Total Liability Loss:</b>	_____
<b>Injury Rate:</b>	_____	<b>OSHA Violations:</b>	_____
		<b>Willful Violations:</b>	_____

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# Pre-Qualification Form

## Quality

### Highest Ranking Quality Executive

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Certifications: \_\_\_\_\_

### Company Quality Programs/Policies

- Written quality policy
- Implemented a quality system
- Has LEED AP employees

# of LEED Professionals: \_\_\_\_\_

- Company has experience with LEED projects

# of LEED Projects: \_\_\_\_\_



# Pre-Qualification Form

## Projects

### Largest Project Ever

\$ Value of Work: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Customer: \_\_\_\_\_  
Your Scope of Work: \_\_\_\_\_  
Year: \_\_\_\_\_

### Largest Project Last Year

\$ Value of Work: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Customer: \_\_\_\_\_  
Your Scope of Work: \_\_\_\_\_  
Year: \_\_\_\_\_

### Largest Project This Year

\$ Value of Work: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Customer: \_\_\_\_\_  
Your Scope of Work: \_\_\_\_\_  
Year: \_\_\_\_\_

### Preferred Project Size

Indicate preferred project size (1-5) 1 being most preferred.

- |                          |                 |                          |               |
|--------------------------|-----------------|--------------------------|---------------|
| <input type="checkbox"/> | Under \$50K     | <input type="checkbox"/> | \$3M - \$6M   |
| <input type="checkbox"/> | \$50K - \$100K  | <input type="checkbox"/> | \$6M - \$10M  |
| <input type="checkbox"/> | \$100K - \$200K | <input type="checkbox"/> | \$10M - \$15M |
| <input type="checkbox"/> | \$200K - \$500K | <input type="checkbox"/> | \$15M - \$25M |
| <input type="checkbox"/> | \$500K - \$1M   | <input type="checkbox"/> | \$25M - \$50M |
| <input type="checkbox"/> | \$1M - \$3M     | <input type="checkbox"/> | Over \$50M    |

# Pre-Qualification Form

## Insurance

### Insurance Agency

Agent/Broker: \_\_\_\_\_ Contact: \_\_\_\_\_  
Agent Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years w/ Agent: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Address

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Add'l Address: \_\_\_\_\_

### Workers Comp and Employers Liability

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Policy Form: \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_

	Current	Max Obtainable
Each Accident:	_____	_____
Disease Limit:	_____	_____
Disease/Employee:	_____	_____
Limit:	_____	_____

### Professional Liability Insurance

Carrier: \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_  
Policy Form: \_\_\_\_\_ Deductible: \_\_\_\_\_ Tail Yrs: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Project Limit: \_\_\_\_\_ Prior Acts:

# Pre-Qualification Form

## Liability

<u>Commercial General Liability</u>		Current	Max Obtainable
Carrier: _____	General Aggregate: _____	_____	_____
Policy Form: _____	Products Comp/Op: _____	_____	_____
Policy Number: _____	Personal Adv/Injury: _____	_____	_____
Policy Period: _____ to _____	Each Occurrence: _____	_____	_____
# of Claims Made: _____	Medical Expense: _____	_____	_____
Exclusion to standard CGL <input type="checkbox"/>	Fire Damage: _____	_____	_____
	Deductible: _____	_____	_____
	Per Project Limit <input type="checkbox"/>	_____	_____

<u>Excess Liability</u>		Current	Max Obtainable
Carrier: _____	Aggregate: _____	_____	_____
Policy Form: _____	Each Occurrence: _____	_____	_____
Policy Number: _____			
Policy Period: _____ to _____			
Type: _____			
# of Claims Made: _____			

<u>Automotive Liability</u>		Current	Max Obtainable
Carrier: _____	Combined Limit: _____	_____	_____
Policy Form: _____	Bodily Per Accident: _____	_____	_____
Policy Number: _____	Bodily Per Injury: _____	_____	_____
Policy Period: _____ to _____	Property Damage: _____	_____	_____

# Pre-Qualification Form

## Financial

### D & B Information

D&B Number: \_\_\_\_\_  
D&B Rating: \_\_\_\_\_  
D&B Pay Record: \_\_\_\_\_  
Date of Rating: \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Years With Bank: \_\_\_\_\_  
Line of Credit Total: \_\_\_\_\_  
Line of Credit Avail: \_\_\_\_\_  
Line of Credit Exp: \_\_\_\_\_

### Financial Information

Revenue Year: \_\_\_\_\_  
Revenue Amount: \_\_\_\_\_  
Net Income: \_\_\_\_\_  
Net Equity: \_\_\_\_\_  
Working Capital: \_\_\_\_\_  
Average Employees: \_\_\_\_\_  
Expected Volume: \_\_\_\_\_  
Expected # Projects: \_\_\_\_\_  
Current Backlog: \_\_\_\_\_

### Bank Address

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Add'l Address: \_\_\_\_\_

### Liquidated Damages

- Have been assessed liquidated damages for late completion of a project (see notes for details).

Notes: \_\_\_\_\_  
\_\_\_\_\_

# Pre-Qualification Form

## CPA

### CPA Firm Information

Firm Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Years With CPA: \_\_\_\_\_

Financial Statements:    Audited    Reviewed    Other  
\_\_\_\_\_

### CPA Address

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Add'l Address: \_\_\_\_\_

# Pre-Qualification Form

## Bonding

### Surety Company Information

Surety Name:	_____	Years with Surety:	_____
Surety Broker Name:	_____	Bonding Capacity:	_____
Contact:	_____	Capacity per Job:	_____
Phone:	_____	Last Bond Date:	_____
Fax:	_____	Last Bond Amount:	_____
E-mail:	_____	Last Bond Rate:	_____

### Surety Company Address

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

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

Country: \_\_\_\_\_

Add'l Address: \_\_\_\_\_

### Additional Bond Information

Surety had to finish project(s) - See notes for dates/details

Explanatory Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indemnity agreement requires personal guarantee

# Pre-Qualification Form

## Ownership

Name	Role	Birth Year	Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Pre-Qualification Form

## Contacts

<b>Bid Contact:</b>	<input type="checkbox"/>	<b>Role Years:</b>	_____
<b>Contact Type Code:</b>	_____	<b>Phone:</b>	_____
<b>Contact Type Desc:</b>	_____	<b>Cell:</b>	_____
<b>Name:</b>	_____	<b>Fax:</b>	_____
<b>Title:</b>	_____	<b>E-mail:</b>	_____
<b>Company Years:</b>	_____		
<b>Preferred Method:</b>	_____		

<b>Bid Contact:</b>	<input type="checkbox"/>	<b>Role Years:</b>	_____
<b>Contact Type Code:</b>	_____	<b>Phone:</b>	_____
<b>Contact Type Desc:</b>	_____	<b>Cell:</b>	_____
<b>Name:</b>	_____	<b>Fax:</b>	_____
<b>Title:</b>	_____	<b>E-mail:</b>	_____
<b>Company Years:</b>	_____		
<b>Preferred Method:</b>	_____		

<b>Bid Contact:</b>	<input type="checkbox"/>	<b>Role Years:</b>	_____
<b>Contact Type Code:</b>	_____	<b>Phone:</b>	_____
<b>Contact Type Desc:</b>	_____	<b>Cell:</b>	_____
<b>Name:</b>	_____	<b>Fax:</b>	_____
<b>Title:</b>	_____	<b>E-mail:</b>	_____
<b>Company Years:</b>	_____		
<b>Preferred Method:</b>	_____		

<b>Bid Contact:</b>	<input type="checkbox"/>	<b>Role Years:</b>	_____
<b>Contact Type Code:</b>	_____	<b>Phone:</b>	_____
<b>Contact Type Desc:</b>	_____	<b>Cell:</b>	_____
<b>Name:</b>	_____	<b>Fax:</b>	_____
<b>Title:</b>	_____	<b>E-mail:</b>	_____
<b>Company Years:</b>	_____		
<b>Preferred Method:</b>	_____		



# Pre-Qualification Form

## Contacts

<b>Bid Contact:</b>	<input type="checkbox"/>	<b>Role Years:</b>	_____
<b>Contact Type Code:</b>	_____	<b>Phone:</b>	_____
<b>Contact Type Desc:</b>	_____	<b>Cell:</b>	_____
<b>Name:</b>	_____	<b>Fax:</b>	_____
<b>Title:</b>	_____	<b>E-mail:</b>	_____
<b>Company Years:</b>	_____		
<b>Preferred Method:</b>	_____		

# Pre-Qualification Form

## States

Country	State	License	Expiration	Sales Tax #	Unemployment Information #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

# Pre-Qualification Form

## Scope /Phase

Scope Code: \_\_\_\_\_

Scope Code Desc: \_\_\_\_\_

Phase Code: \_\_\_\_\_

Phase Code Desc: \_\_\_\_\_

Self Performed:

Prior Work % \_\_\_\_\_ Planned Work % \_\_\_\_\_

No Prior Work:

Scope Code: \_\_\_\_\_

Scope Code Desc: \_\_\_\_\_

Phase Code: \_\_\_\_\_

Phase Code Desc: \_\_\_\_\_

Self Performed:

Prior Work % \_\_\_\_\_ Planned Work % \_\_\_\_\_

No Prior Work:

Scope Code: \_\_\_\_\_

Scope Code Desc: \_\_\_\_\_

Phase Code: \_\_\_\_\_

Phase Code Desc: \_\_\_\_\_

Self Performed:

Prior Work % \_\_\_\_\_ Planned Work % \_\_\_\_\_

No Prior Work:

Scope Code: \_\_\_\_\_

Scope Code Desc: \_\_\_\_\_

Phase Code: \_\_\_\_\_

Phase Code Desc: \_\_\_\_\_

Self Performed:

Prior Work % \_\_\_\_\_ Planned Work % \_\_\_\_\_

No Prior Work:

# Pre-Qualification Form

**Scope /Phase**

- Continued

Scope Code:

\_\_\_\_\_

Scope Code Desc:

\_\_\_\_\_

Phase Code:

\_\_\_\_\_

Phase Code Desc:

\_\_\_\_\_

Self Performed:

Prior Work %

\_\_\_\_\_

Planned Work %

\_\_\_\_\_

No Prior Work:

# Pre-Qualification Form

## Regions

Region Code	Region Desc	Prior Work %	Planned Work %	No Prior Work
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

# Pre-Qualification Form

## Project Types

Project Type Code	Project Type Description	Prior Work %	Planned Work %	No Prior Work
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

# Pre-Qualification Form

## Unions

Local Number	Name	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Pre-Qualification Form

## References

Reference Type Code: \_\_\_\_\_  
Reference Type Desc: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Notes: \_\_\_\_\_

Reference Type Code: \_\_\_\_\_  
Reference Type Desc: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Notes: \_\_\_\_\_

Reference Type Code: \_\_\_\_\_  
Reference Type Desc: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Notes: \_\_\_\_\_



# Pre-Qualification Form

## References

- Continued

Reference Type Code: \_\_\_\_\_  
Reference Type Desc: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Notes: \_\_\_\_\_

Reference Type Code: \_\_\_\_\_  
Reference Type Desc: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Notes: \_\_\_\_\_

# Pre-Qualification Form

## Legal

- Has your company or any if its principals ever petitioned for bankruptcy, failed in business, defaulted, or been terminated on a contract awarded? If yes, check here and enter explanatory notes.

- Have any of the owners, officers, or major stockholders of your company ever been indicted or convicted of any felony or other criminal conduct? If yes, check here and enter explanatory notes.

- Has your company or any of the owners, officers, or major stockholders ever been suspended, disbarred, or otherwise precluded from pursuing public work or ever been found to be non-responsive to a public agency? If yes, check here and enter explanatory notes.

- Has your company ever had a claim made against it for improper, delayed, defective, or non-compliant work or failure to meet warranty obligations? If yes, check here and enter explanatory notes.

- Is your company or any of the owners, officers, or major stockholders involved in any arbitration or litigation? If yes, check here and enter explanatory notes.

- Does your company have any outstanding judgements or claims against it? If yes, check here and enter explanatory notes.

- Has your company or any of the owners, officers, or major stockholders ever been investigated for, or charged with, alleged labor law violations including alleged violations of Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, local, or state labor laws? If yes, check here and enter explanatory notes.

# Pre-Qualification Form

## Certificates

Certificate Type: \_\_\_\_\_  
Description: \_\_\_\_\_  
Certificate: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

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Certificate Type: \_\_\_\_\_  
Description: \_\_\_\_\_  
Certificate: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

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Certificate Type: \_\_\_\_\_  
Description: \_\_\_\_\_  
Certificate: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

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Certificate Type: \_\_\_\_\_  
Description: \_\_\_\_\_  
Certificate: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

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Certificate Type: \_\_\_\_\_  
Description: \_\_\_\_\_  
Certificate: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

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# Pre-Qualification Form

Notes

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# Pre-Qualification Form

## Signature Page

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that [N/A] will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and to award work to our Company.

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

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

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