



## PRELIMINARY CONTRACTOR QUALIFICATION FORM

***Instructions:** Elaboration of the following requested information or additional information deemed to be useful for evaluation of your firm's capabilities may be attached to this form. Your completed qualification form will be maintained and utilized by The Tustin Group – Construction Services as a basis for determining bid sources. Some Tustin Group projects may require more current information and the resubmission of this form by your firm. Please insert applicable Code Number in Contracting Interest and Geographical Area from the back of this sheet.*

**PLEASE ATTACH TO THIS FORM A COPY OF YOUR CERTIFICATE OF INSURANCE INDICATING CURRENT LIMITS.**

### COMPANY INFORMATION

Company Name: _____	Contact: _____
Address: _____	City: _____ State: _____
Phone: _____	Fax: _____
Federal ID# / (SS#) _____	Former Company Name : _____
Email Address: _____	President: _____
Duns & Bradstreet No: _____	

**What scope of work does you company perform?**

<b>Areas of Operation:</b>	<b>How many years has been in operation?</b>
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**What size of Subcontract your company usually performs:**  
 Less than \$100,000 \_\_\_\_ \$100,000 to \$500,000 \_\_\_\_ \$500,000 to \$1,000,000 \_\_\_\_ Over \$1,000,000 \_\_\_\_

### GENERAL INFORMATION & INSURANCES

Bonding Company.: _____	Bonding Agent: _____
Total Bonding Capacity: \$ _____	Address: _____
Work Currently Bonded: \$ _____	_____
Bonding Companies Best Rating: _____	Bonding Agent's Phone: _____
Average Annual Sales Last 3 Years: _____	

### OTHER INFORMATION

Union: Locals: _____ Non-Union: <b>Y N</b>	
Is Firm NOT In Compliance with all EEO Requirements?: <b>Y N</b>	Has Firm Ever Failed To Complete A Contract?: <b>Y N</b>
Has Firm Ever Been Involved In Bankruptcy Or Re-organization?: <b>Y N</b>	Are There Any Claims Against The Firm?: <b>Y N</b>
Are There Any Pending Judgments Against The Firm?: <b>Y N</b>	

**(IF THE ANSWER TO ANY OF THE ABOVE IS YES, DESCRIBE ON A SEPARATE SHEET)**

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## SAFETY

Does Your Firm Have A Written Safety Program?	Y	N
Do You Have An Orientation Program For New Hires?	Y	N
In The Previous 3 Years Has The Firm Been Cited For Any Serious (As Defined By OSHA) Violation?	Y	N
If Yes Please Explain (Use Separate Sheet If Necessary): _____		
<b>Attach Log And Summary Of Occupational Injuries And Illnesses As Required By the U.S. Dept. Of Labor For The Past 12 Months (OSHA Form No. 300)</b>		
OSHA Recordable Incident Rate (Current Year): _____ OSHA Lost Days Away Incident Rate (Current Year) _____		
Does Your Firm Have A Drug Testing Program?	Y	N

## List Four (3) Or More Most Significant Projects Completed Within The Last Five Years:

Project & Location	Architect	Contract With	Contract Amount	Date Completed	Reference Contact & Phone Number

This Form **MUST** Be Signed By The Principle Of The Firm.

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Type Of Firm:  
 Corporation:                   Y   N  
 Partnership:                   Y   N  
 Sole Proprietorship:        Y   N

**Please email completed form. (rtorres@thetustingroup.com)**



**TUSTIN CONSTRUCTION SERVICES**

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