



SUBCONTRACTOR QUALIFICATION FORM

PROJECT:

Date: _____

Company Name: _____ DBA: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____ E-mail: _____

Owner(s) Name: _____

Contractor License Number(s): _____

Years in Business Under Present Name: _____

Work Specialty: _____

Years Performing Work Specialty: _____

Work Now Under Contract \$ _____

Work in Place Last Year \$ _____

Value of Work Presently Bonded \$ _____

Total Bonding Capacity \$ _____

Bonding Agent: _____ Phone Number: _____

Bonding Surety: _____

Insurance Agent: _____ Phone Number: _____

Percent of Work Performed by Own Forces _____ %

Total Number of Permanent Staff Employed by Company _____

(This includes _____ Office Staff _____ Field Personnel)

Average Work Force for the Past Five Years _____

Approximate Value of Equipment Owned by Company \$ _____

Has Company Ever: _____ Failed to Complete a Contract?
 _____ Been Involved in Bankruptcy or Reorganization?
 _____ Had Pending Judgment Claims or Suits Against It?
 _____ Been Assessed Liquidated Damages on any Project?
(If YES to any of the preceding, submit details on a separate sheet.)

Trade References (Contact Name, Phone, Address)

1. _____
2. _____
3. _____

General Contractors with whom your Company has worked within the past two years (Contact Name, Phone, Address)

1. _____
2. _____
3. _____

List Four of your Most Significant Projects Currently Under Construction

Project / Location	Contact Name & Phone	Architect	Completion	Contract Amount

Attach resumes of Key Personnel.

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature _____

Name (print) _____ Title: _____

Type of Company _____ Corporation _____ Partnership _____ Sole Proprietor