

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.				
	Project Name Your Contract Amount Month/Year Started & Completed				
	1				
	2				
	3				
	4.				
	5				
	THE FOLLOWING MUST CORRESPOND WITH THE ABOVE INFORMATION				
	Owner/General Contractor Contact Position Phone Email				
	1				
	2				
	3				
	4				
	5				

		DI	F 1		
Company Name & Type of Company	Accounting Contact	Phone	Email		
1					
2					
3					
4					
5					
Please provide a resume or a short summary of the experience of your key company personnel and fill o					
Name	Position	Res	ponsibilities		
1					
2					
3					
4			_		
Bank Reference:					
Bank Name	Contact/Position		Phone #		
Bonding Company:					
Agent Contact	Phone #		Bonding Rate		
	G		Phone #		
Accounting Firm: Company Name	Cantact		I HUHL #		
Company Name Please attach a current audited financi	Contact al statement, including all cu	rrent assets and			

Company Name	Dated this day of		
	Subscribed under oath before me on:		
Print name of person responsible for above information			
	Notary Public		
Signature	My commission expires:		
Date:			