

SUBCONTRACTOR PREQUALIFICATION FORM

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Name of Firm:		
Street Address:		
Mailing Address (if different):		
City:	State:	Zip code:
Telephone ()	Fax ()	
Contact:		
Name	Title	Extension
Contact: Name	Title	Extension
Contact:		
Name	Title	Extension
LIST THE TYPE OF WORK YOUR O	PRGANIZATION USUALLY SUBC	ONTRACTS TO OTHERS:
LIST THE GEOGRAPHICAL AREAS, DO BUSINESS:	/STATES/COUNTIES IN WHICH \	YOUR FIRM PREFERS TO

MINIMUN AND MAXIMUM JOB RANGE (IN DOLLARS) WITHIN WHICH YOU PREFER TO CONDUCT YOUR BUSINESS:				
Ainimum:	Maximum:			
WORK TYPICALLY PERFORMED:	Union:	Non-Uni	ion:	
F INVOLVED IN SHOP FABRICATION	ON, IS YOUR SHO	:		
	Union:	Non-Uni	ion:	
F INVOLVED IN FABRICATION, PR EQUIPMENT:	OVIDE SQUARE F	OOTAGE OF SHOP	AND RELATED	
CURRENT STAFFING AT OFFICES P	ROVIDING ADMIN	IISTRATIVE SUPPO	PRT:	
CURRENT STAFFING AT OFFICES P	ROVIDING ADMIN	IISTRATIVE SUPPO	PRT:	
CURRENT STAFFING AT OFFICES P NAME OF YOUR <u>KEY</u> CONSTRUCTIONS DESCRIPTION OF QUALIFICATIONS	ON AND MANAGI	EMENT PERSONNE	L AND BRIEF	
NAME OF YOUR <u>KEY</u> CONSTRUCTI	ON AND MANAGI	EMENT PERSONNE	L AND BRIEF	
NAME OF YOUR <u>KEY</u> CONSTRUCTI	ON AND MANAGI S (attach additiona	EMENT PERSONNE pages if necessary) AND CURRENT LE	L AND BRIEF	
NAME OF YOUR <u>KEY</u> CONSTRUCTI DESCRIPTION OF QUALIFICATIONS	ON AND MANAGI S (attach additiona	EMENT PERSONNE pages if necessary) AND CURRENT LE	L AND BRIEF	

NAME OF FIRM:		
INDICATE YOUR TYPE OF BUSINE	SS ORGANIZATION:	
Corporation: Par	tnership:	Sole Owner:
Name of Officers:		
Chief Executive Officer ———		
> President		
> Vice President		
> Treasurer		
State and Year Business Founded:		
INDICATE IF YOUR BUSINESS QUA		FOLLOWING:
BANKING REFERENCE:		
Name:		
Address:		
Telephone: ())
Contact:		
contact.		
NAME OF BONDING COMPANY:		
Name:		
Address:		
Telephone: ()	Fax: ()
Contact:		
Present Bonding Capacity:		
Current Amount Available:		
BUSINESS VOLUME (new bookings		D'II'
	New Contracts	Billings \$
Current Year	\$	

NAME OF FIRM:			
Previous Year	\$		\$
Two Years Prior	\$		 \$
Three Years Prior	\$ _		<u> </u>
HAS YOUR ORGANIZATION Yes	TION EVER FAILED	TO COMPLETE A	A CONSTRUCTION CONTRACT?
If yes, explain briefly on	a separate page.		
DOES YOUR FIRM HAVE PAST OR PRESENT CLIE			IFATION OR ARBITRATION WITH
Yes		No	
If yes, explain briefly on			
ATTACH A LISTING OF SUBCONTRACTORS The information required			
ATTACH A LISTING OF This information shall indicate, scheduled complet	clude, but is not limi	ited to, job descri	RACTS ription, owner, dollar amount, awarc
I HEREBY CERTIFY THA ACCURATE RESPONSE.	T THE INFORMATIO	ON CONTAINED	O HEREIN IS A TRUE AND
	Name:		
	Title:		
	Date:		
(Corporate seal)	Witnessed:		
	Date:		