



SUBCONTRACTOR PREQUALIFICATION FORM

Contact Information:

Company Name: _____
Primary Business Contact: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Web Address: _____
Email: _____

Profile Information:

Trade(s) Performed: _____
Geographic Region(s) Serviced: _____
Structure Type(s) Preferred:
o Commercial o Residential o Industrial o Government o Transportation o Religious
o Hospitality o Education o Retail o Military o Healthcare o Utilities
o Other(s): _____

Work Type(s) Preferred: o New o Alterations o Rehabilitations o Interior Fit-Ups

Typical Project Size: _____ Annual Volume of Work: _____

Years in Business: _____ # of Employees: _____
Labor Affiliation: o Union o Non-Union o Prevailing Wage

Business Certifications: (Attach documentation from any local, state or federal agency that has certified your company.)

o Minority Business Enterprise (MBE) o Disadvantaged Business Enterprise (DBE)
o Woman Business Enterprise (WBE) o Local Business Enterprise (LBE)
o Small Business Enterprise (SBE) o Veterans Business Enterprise (VBE)
o Other: _____

Manufacturer Certifications: _____

Trade Association and/or Organizations: _____

Projects Recently Completed (List 2):

Project Title: _____ Location: _____
Trade(s) Performed: _____
Contract Amount: _____ Date Completed: _____
Owner/CM/GC: _____

Project Title: _____ Location: _____
Trade(s) Performed: _____
Contract Amount: _____ Date Completed: _____
Owner/CM/GC: _____

Form completed by: _____ Title: _____
(Please Print)

Signature: _____ Date: _____