



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: \_\_\_\_\_