



Subcontractor Pre-Qualification Form for:

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:

- | | | | | | |
|--|--------------------------------------|-------------------------------------|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial | <input type="checkbox"/> Government | <input type="checkbox"/> Transportation | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Education | <input type="checkbox"/> Retail | <input type="checkbox"/> Military | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Other(s): _____ | | | | | |

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

Typical Project \$ Size: _____ Annual \$ Volume of Work: _____

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

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

- | | |
|---|--|
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) |
| <input type="checkbox"/> Woman Business Enterprise (WBE) | <input type="checkbox"/> Local Business Enterprise (LBE) |
| <input type="checkbox"/> Small Business Enterprise (SBE) | <input type="checkbox"/> Veterans Business Enterprise (VBE) |
| <input type="checkbox"/> 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: _____