

Subcontractor Pre-Qualification Form



Contact Information:

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

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: _____ | <input type="checkbox"/> Disabled Veterans Business Enterprise (DVBE) |

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: Name _____ Contact # _____

Project Title: _____ Location: _____

Trade(s) Performed: _____

Contract Amount: _____ Date Completed: _____

Owner/CM/GC: Name _____ Contact # _____

Form completed by: _____ Title: _____

(Please Print)

Signature: _____ Date: _____