



SUBCONTRACTOR QUALIFICATION FORM

GENERAL COMPANY INFORMATION:

Legal Company Name:			
Street Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Main Office Phone:		Main Office Fax:	
Contractor Registration #:		State Tax #:	
D/B/A:		Parent Company:	
Company Organization: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>			
Officers/Partners/Principals:		Title	Years with Company
Date of Origination:			
M/W/D/B/E Certifications:			
Key Contact:			
E-mail		Phone	Fax

TRADE INFORMATION:

What scopes of work does your company perform:	
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GEOGRAPHIC AREAS WHERE PERFORM WORK:

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TYPICAL SUBCONTRACT SIZE RANGE:

LOW			HIGH
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UNION CONTRACTOR: YES NO

REFERENCES:

List Owner and/or General Contractor references, including contact name/phone and e-mail if possible

OWNER/GENERAL CONTRACTOR	CONTACT NAME	PHONE / E-MAIL

TRADE REFERENCES

List Trade (major suppliers/tier subcontractors) references.

MAJOR SUPPLIER/TIER SUB	CONTACT NAME	PHONE / E-MAIL

WORK IN PROGRESS SCHEDULE

List current ongoing projects (attach separate sheet as needed)

Project	Approx Contract Amt	General Contractor	Contact	Phone #

COMPLETED WORK SCHEDULE

Please list projects undertaken in the last three years (attach a separate sheet as needed).

Project	Contract Amt	General Contractor	Contact	Phone #