

# SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

Name of Subcontractor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_ Pager Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Type(s) of work you perform: \_\_\_\_\_  
\_\_\_\_\_

Type of Business: (circle) Corporation Individual Partnership Limited Liability

## 1. ORGANIZATION

How many years of business in this trade:  
How many years of business under current name:  
What other names if any did you or do you operate under:  
Name of Owner:  
Name of President:

## 2. LICENSING

List trade categories or jurisdictions in which you are legally qualified to do business in:

List any licenses: Type \_\_\_\_\_ No. \_\_\_\_\_

Non Union: \_\_\_\_\_ Union: \_\_\_\_\_ Local Number: \_\_\_\_\_

Are you a Minority Subcontractor: Yes or No

Are you a Women Owned Subcontractor: Yes or No

Are you a Hub Zone Subcontractor: Yes or No

Are you a Veteran Owned Subcontractor: Yes or No SDVOSB: yes or no

## 3. EXPERIENCE

Number of Employee's \_\_\_\_\_ or do you subcontract the work. Yes or No

Annual amount of work volume: \$

Have you failed to complete any construction project within the last 5 years. Yes or No (If yes explain)

## 4. REFERENCES

1 Name of Current Project: \_\_\_\_\_  
Name of General Contractor: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
2 Name of Current Project: \_\_\_\_\_  
Name of General Contractor: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
3 Name of Last Completed Project: \_\_\_\_\_  
Name of General Contractor: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_

## 5. INSURANCE

	Amount	Name of Insurance Carriers
General Liability	\$	
Workmen's Comp	\$	
Auto	\$	

## 6. SIGNATURE

As a qualified signatory for the aforementioned subcontractor company I certify the above to be accurate.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_