



**SUBCONTRACTOR QUALIFICATION**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Geographic locations served: \_\_\_\_\_  
Divisions of work performed: \_\_\_\_\_

Corporation  Partnership  Sole Proprietor (please select one by double clicking box)  
MBE:  Yes  No WBE:  Yes  No Length of time under present ownership: \_\_\_\_\_  
Do you have a Written Safety Program:  Yes  No Do you have a Drug Testing Program:  Yes  No

Year Business Started: \_\_\_\_\_

**BID REQUESTS**

Contact for Bid Requests: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**COMPANY PRINCIPALS / OFFICERS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

**LICENSES**

Contractor's License #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Employment Security #: \_\_\_\_\_ UBI #: \_\_\_\_\_  
L&I Account ID #: \_\_\_\_\_

**BONDING & INSURANCE**

Bonding Company (License): \_\_\_\_\_  
Bonding Company (Performance): \_\_\_\_\_  
Bonding Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**UNION AFFILIATIONS**

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Chapter: \_\_\_\_\_ Phone: \_\_\_\_\_

**REFERENCES (General Contractors)**

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_  
3. \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_

**SUPPLIERS (Three Largest Suppliers)**

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_  
3. \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Largest contract in past year? \$ \_\_\_\_\_ For Whom: \_\_\_\_\_

Are you currently involved in a claim dispute with any of your general contractors?  Yes  No

(If yes, please explain in a separate document and include with this form.)

Are you currently involved in any lawsuits?  Yes  No

(If yes, please explain in a separate document and include with this form.)

Have you ever filed bankruptcy?  Yes  No

I certify that the above information is true and correct and authorize you to contact the above references regarding our credit standing or past performance.

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