

Subcontractor Qualification Form

Company: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ E-mail address: _____

Contractors License #: _____ Exp. Date: _____

Fed. Tax ID # _____ Years in Business: _____

Has the company ever received a Notice of Federal Tax Lien? (Y/N) _____ If yes, what year? _____

Has the lien been satisfied? (Y/N) _____

Number of Employees: _____ Union Affiliation: _____

Are your Union dues paid to date? (Y/N) _____ If No, explain _____

Owners: _____

Name _____ Title _____

Name _____ Title _____

Chief Financial Contact: _____

Type of Work Performed: Division #: _____ Trade: _____

Division #: _____ Trade: _____

FINANCIAL INFORMATION

Bank Name/Branch: _____

Officer Name: _____ Phone # _____

Line of credit: \$ _____ Unused Line of Credit: \$ _____

****Please provide the most recent financial statement and a current Account Receivable Aging report.**

Has your firm or any affiliated firm or any of its principals ever petitioned for bankruptcy, failed in business, closed a business, defaulted or failed to complete a contract? Yes _____ No _____ (if yes, explain)

Comments: _____

Annual Revenue for Past Three Years:

Year _____ Year _____ Year _____

\$ _____ \$ _____ \$ _____



Current Backlog: (If needed, please provide an additional sheet)

Project / Location	Contract Amount	% Completed	Cost to Complete	Completion Date	Bonded Y/N

List your three (3) largest jobs completed in the past two (2) years:

Project / Location	Contract Amount	Year Completed	Bonded (Y/N)	Owner / GC

SAFETY - EMR

Please indicate your Experience Factor History for the last three years:

Current Year 20__	Previous year 20__	Previous year 20__

**If your EMR is over 1.10, please provide a copy of your most recent OSHA Form 300 Log of Work-Related Injuries and Illnesses.

INSURANCE

Surety Company _____ Agent / Phone # _____

Insurance Carrier _____ Agent / Phone # _____

REFERENCES

Contractor References:

- _____

Project	Contractor	Contact Name	Phone Number
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- _____

Project	Contractor	Contact Name	Phone Number
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- _____

Project	Contractor	Contact Name	Phone Number
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Trade References:

- _____

Name	Phone Number
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- _____

Name	Phone Number
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