



## Subcontractor Qualification Form

### COMPANY INFORMATION

---

Company Name: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Years in Business: \_\_\_\_\_

No. of Employees: Office \_\_\_\_\_ Field \_\_\_\_\_

License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_

Bonding Capacity: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Gross Sales 2014: \_\_\_\_\_

2013: \_\_\_\_\_

2012: \_\_\_\_\_

### Main Personnel Contact Information

Owner Name: \_\_\_\_\_ Estimator Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### PROJECT INFO & REFERENCES

---

#### Recent Projects

1. Project Name: \_\_\_\_\_ Size: \_\_\_\_\_ Amount: \_\_\_\_\_

2. Project Name: \_\_\_\_\_ Size: \_\_\_\_\_ Amount: \_\_\_\_\_

3. Project Name: \_\_\_\_\_ Size: \_\_\_\_\_ Amount: \_\_\_\_\_

#### References

1. Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_