



SUBCONTRACTOR PRE-QUALIFICATION FORM

Contact Information

Company Name: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

Web Address: _____

Trade(s) Performed: _____

Geographic Region(s) Serviced: _____

Structure Type Preferred: _____

- | | | | |
|--------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Education | <input type="checkbox"/> Government | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Industrial | <input type="checkbox"/> Military | |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Retail | <input type="checkbox"/> Transportation | |

Work Type(s) Preferred: New Alterations/Remodel

Years in Business: _____

Labor Affiliation: Union Non-Union Prevailing Wage

Business Certifications:

- | | |
|---|--|
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) |
| <input type="checkbox"/> Woman Business Enterprise (WBE) | <input type="checkbox"/> Local Business Enterprise (LBE) |
| <input type="checkbox"/> Small Business Enterprise (SBE) | <input type="checkbox"/> Veterans Business Enterprise (VBE) |