

SUBCONTRACTOR PREQUALIFICATION STATEMENT

SUBMITTED BY: Name: _____ Company Structure: _____
Address: _____
Phone: () _____ Fax: () _____
Corporation () Type _____ Partnership ()
Individual ()
Type of Contractor: _____ DBE ()
Contractor's State License #: _____ State _____ MBE ()
Additional Contractor License #'s: VBE ()
_____ State _____ WBE ()
_____ State _____
_____ State _____
Federal I.D. # (EIN): _____
Sales Tax #: _____

BANK REFERENCE: (Name, Address and Phone #)

BONDING COMPANY: (Name, Address and Phone #)

INSURANCE COMPANY: (Name, Address, and Phone #)

EMR Last 3 years;

OSHA Citations, Classification, Fine if any;

WORK HISTORY: PROJECTS PRESENTLY IN PROGRESS (Include name, address, phone# of owner or general contractor, contract amount, and contact person). Use an attachment if necessary.

PROJECTS COMPLETED IN PAST TOW YEARS: (Include name, address, phone # of owner or general contractor, l:Ontract amount, and contact person). Use an attachment if necessary.

TRADE REFERENCES:

Company Name

Phone#

