



Subcontractor Prequalification

1. _____ (Company Name) _____ (Contact Person)
_____ (Street/PO Address) _____ (City/State/Zip)
_____ (Phone) _____ (Fax) _____ (Email)
_____ (DUNS Number) _____ (Federal ID Number) _____ (License Number)

2. Type(s) of Work Self-Performed: _____
CSI Specification Sections: _____
Type(s) of Work Subcontracted: _____
Geographical Work Area _____

3. How many years has your Organization been in business? _____

4. Average Yearly Volume (Last 3 Years) \$ _____ /Year
Average Size of Individual Contract \$ _____
Largest Contract \$ _____ Year Completed _____
Customer Name _____ Contact _____ Phone _____

5. Bonding Company _____ Bonding Capacity \$ _____

6. Number of Salary/Supervisory Personnel _____
Number of Craft/Trade Personnel _____
Union or Open Shop? _____
With what Union Trades are you signatory? _____

Check if your company is certified as: WBE MBE DBE
Certification Number(s): _____

7. **SAFETY:**
Does your company have an effective Safety Program in place? _____
What is your current "Experience Modification Rating (EMR)"? _____
Do you employ a Corporate Safety Manager/Director? _____
Does your company have any OSHA citations for the last 3 years? _____ *
*if yes, include explanation on separate sheet of paper



8. EXPERIENCE:

Recently Completed Projects (Complete or Attach List):

A. _____
(Project Name) _____ *(Owner)* _____
_____ *()* _____
(Contact) _____ *(Phone)* _____
_____ *(Project Size)* _____ *(Scope of Work)* _____

B. _____
(Project Name) _____ *(Owner)* _____
_____ *()* _____
(Contact) _____ *(Phone)* _____
_____ *(Project Size)* _____ *(Scope of Work)* _____

9. COMPANY REPRESENTATIVE:

_____ *(Completed by)* _____ *(Signature)* _____ *(Date)*