



Short-Form Subcontractor/Supplier Qualification Statement

1. GENERAL INFORMATION

Legal Name of Business: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____

2. TYPE OF WORK

- | | | |
|---|---|---|
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Misc. / Structural Steel | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Demolition / Abatement | <input type="checkbox"/> Metal Joists / Deck | <input type="checkbox"/> Paints and Coatings |
| <input type="checkbox"/> Earthwork / Utilities | <input type="checkbox"/> Rough Carpentry | <input type="checkbox"/> Specialties |
| <input type="checkbox"/> Asphalt Paving | <input type="checkbox"/> Architectural Woodwork | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Site Concrete | <input type="checkbox"/> Waterproofing | <input type="checkbox"/> Furnishings |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Insulation | <input type="checkbox"/> Special Construction |
| <input type="checkbox"/> Fences and Gates | <input type="checkbox"/> Roofing and Siding | <input type="checkbox"/> Conveying Equipment |
| <input type="checkbox"/> Reinforcing Steel | <input type="checkbox"/> Doors and Hardware | <input type="checkbox"/> Fire Suppression |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Specialty Doors | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Precast Concrete | <input type="checkbox"/> Windows and Glass | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Walls and Ceilings | <input type="checkbox"/> Electrical |

Other (please specify) _____

3. ORGANIZATION

C-Corporation S-Corporation LLC Partnership Individual Other _____

Name and Title of Owners, Officers and Principals	Years with Company	Percent of Ownership

4. LICENSING AND CERTIFICATIONS

Unified Business Identifier (UBI): _____

Federal Employer Identification Number (EIN): _____

Jurisdictions and trade categories in which your organization is legally qualified to do business (indicate Contractor License or Registration Number)

State	Trade Category	Registration or License Number

Certifications: DBE MBE SBE WBE Other _____

5. REVENUE

Projected revenue for next year	20 _____	\$ _____
Projected revenue for this year	20 _____	\$ _____
Actual revenue for last year	20 _____	\$ _____
Actual revenue two years ago	20 _____	\$ _____
Actual revenue three years ago	20 _____	\$ _____

6. CURRENT AND COMPLETED PROJECTS

- [] Attach a list of your major contracts currently in progress. Provide project name, location, contract amount, percent complete, scheduled completion date, client name, contact name, and phone number.

- [] Attach a list of your major contracts completed within the last three (3) years. Provide project name, location, contract amount, completion date, client name, contact name, and phone number.

7. EMPLOYEES

Number of employees	Field	Shop	Office		Total
Currently working				=	
Previous three (3) year average				=	

8. BANKING

Name of Bank: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Phone: _____

Years with the Bank: _____

Credit Line Amount: _____

Amount Available on Credit Line: _____

Expiration Date on Credit Line: _____

9. BONDING

Name of Bonding Agent: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Phone: _____

Years with the Bonding Agent: _____

Name of Surety Company: _____

Years with the Surety Company: _____

Bond Capacity per Project: _____

Aggregate Bond Capacity: _____

Date of Last Bond Issued: _____

10. TRADE REFERENCES

Supplier Name: _____
Location (City, State): _____
Contact Name: _____
Contact Phone: _____

Supplier Name: _____
Location (City, State): _____
Contact Name: _____
Contact Phone: _____

Supplier Name: _____
Location (City, State): _____
Contact Name: _____
Contact Phone: _____

11. CONTRACTOR REFERENCES

Contractor Name: _____
Location (City, State): _____
Contact Name: _____
Contact Phone: _____

Contractor Name: _____
Location (City, State): _____
Contact Name: _____
Contact Phone: _____

Contractor Name: _____
Location (City, State): _____
Contact Name: _____
Contact Phone: _____

12. SAFETY

Does the firm have a corporate safety officer or department? Yes No

If yes, Name: _____ Title: _____

Does the firm have a controlled substance screening program? Yes No
Test for: Pre-Employment Accident Random

Attach your OSHA Form 300A Summary of Work-Related Injuries and Illnesses for the past three (3) years.

List the firm's Worker's Compensation Insurance Experience Modification Rate (EMR) for the past three (3) years.

Current Year	_____	EMR:	_____
1 st Year Prior	_____	EMR:	_____
2 nd Year Prior	_____	EMR:	_____

Attach a copy of supporting documentation from your insurance agent, insurance carrier, or state fund for the past three (3) years verifying the EMR data listed above.

Please click on the following and check after you have reviewed:

I have reviewed [Progress Billing and Payment Procedures](#) and will be able to conform.

I have reviewed [Subcontractor Insurance Requirements](#) and will be able to conform.

I have reviewed [Project Requirements](#) and will be able to conform.

I have reviewed [Safety Provisions and Jobsite Work Rules](#) and will be able to conform.

If unable to conform, please list the reason(s) why below:

The undersigned, on behalf of the Subcontractor/Supplier, warrants and represents that the above and attached information is true and sufficiently correct so as not to be misleading.

Prepared By: _____ Title: _____
(must be an officer or principal of the Company)

Signature: _____ Date: _____