



Subcontractor/Supplier Qualification Statement

1. GENERAL INFORMATION

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

2. TYPE OF WORK

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

3. ORGANIZATION

C- 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: _____

11. CONTRACTOR REFERENCES

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:	_____

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: _____

TRICO USE ONLY

Routing For Approval

SAFETY

TRICO Representative Name:

Approved Approved with Exception(s) NOT Approved

Notes:

FINANCIAL'S

TRICO Representative Name:

Approved Approved with Exception(s) NOT Approved

Notes:

CEO

TRICO Representative Name:

Approved Approved with Exception(s) NOT Approved

Notes:

TRICO Use Only

Vendor Responsibility Checklist

The following checklist is used in documenting that a subcontractor of any tier meets the subcontractor responsibility criteria. Bristol to complete

General Information	
Subcontractor's Business Name:	
Contractor Registration Licensing, Bonding & Insurance https://secure.lni.wa.gov/verify/	
License Number:	Status: Active: Yes <input type="checkbox"/> No <input type="checkbox"/>
Effective Date:	Expiration Date:
Bond Account Number:	Effective Date:
Insurance Policy Number:	Effective Date: Expiration Date:
Current UBI Number – https://secure.lni.wa.gov/verify/	
UBI Number:	Account Status: Open <input type="checkbox"/> Closed <input type="checkbox"/>
Industrial Insurance Coverage – https://secure.lni.wa.gov/verify/	
Account Number:	Account Current: Yes <input type="checkbox"/> No <input type="checkbox"/>
State Excise Tax Registration Number https://secure.dor.wa.gov/gteunauth/_/	
Tax Registration Number:	Account Status: Open <input type="checkbox"/> Closed <input type="checkbox"/>
Not Disqualified from Bidding – WA https://secure.lni.wa.gov/debarandstrike/ContractorDebarList.aspx	
Is the vendor listed on the “Debarred Contractor’s List” of the Department of Labor and Industries? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Workers’ Comp Rates & License Violations	
Workers’ Comp Rates (EMR) Past 3 years:	
Any License Violations in the last 3 years? If so, please list the date(s) and description(s) of violation:	
Checked by:	
Name:	Date: