

Subcontractor Interest & Prequalification Form

Company Name _____

Geographic Areas & Locations Served

License Type(s) _____ Number(s) _____

Trade(s) _____

Specialties _____

Public-Works () yes () no
Private-Works () yes () no
Federal Work () yes () no

Union () Non-Union ()

Number of Years in Operation _____

Can you Bond? _____ Bonding Capacity _____

Perform Prevailing Wage work? () yes () no

Liability Insurance Co. _____

Worker's Comp Insurance Co. _____

Estimator Contact _____

Phone _____ Fax _____

Email Address _____

State & Federal Certified Vendor Status and Approval (indicate all):

DVBE _____ MBE _____ WBE _____ HubZSB _____ SB _____ SDB _____

SWOB _____ VOSB _____ SDVOSB _____ DoJ _____ Other _____