



Subcontractor Prequalification Form

Company Information

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

State License #: _____

MBE/WBE/DBE Certified

MBE

WBE

DBE

Please provide copy of licenses

Please provide copy of licenses

Bond Limit: \$ _____

Bond Rate: _____

Please provide copy of bond letter

Primary Contact

Contact Person: _____

Cell Phone Number: _____

Office Number: _____

Email Address: _____

Past Experience

Check all that apply:

- Commercial
- Retail
- Restaurants
- Educational
- Medical
- Industrial

- Historical
- Financial
- Grocery
- Government
- Hospitality

Scope/Spec Section able to perform:

Average size of contract: _____

References

List 3 clients your company has worked within the last 2 years

Contact Person: _____ Job Name: _____
Company: _____ Phone: _____

Contact Person: _____ Job Name: _____
Company: _____ Phone: _____

Contact Person: _____ Job Name: _____
Company: _____ Phone: _____