



Subcontractor Prequalification Form

Company Information

Company Name: _____

Address: _____

Phone Number: _____

MBE/WBE/DBE Certified

☐

MBE

☐

WBE

Please provide copy of licenses

☐

State License #: _____

Please provide copy of license if requested

Bond Limit: \$ _____
Only if requested

Website: _____

Bond Rate: _____
Please provide copy of bond letter if requested

EMR# _____

Primary Contact & Accounts Receivable Contact

Primary Contact Name: _____ Cell#: _____

Primary Contact Email Address: _____

AR Contact name: _____

AR Email Address: _____

Past Experience

Check all that apply:

☐

Commercial

☐

Historical

☐

Retail

☐

Financial

☐

Restaurants

☐

Grocery

☐

Educational

☐

Government

☐

Medical

☐

Hospitality

☐

Industrial

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: _____

Please complete and return to Stephanie May - smay@mirandaconstruction.com