



# Subcontractor Prequalification Form


## Company Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

State License #  \_\_\_\_\_  
*Please provide copy of licenses*

### MBE/WBE/DBE Certified

MBE

WBE

DBE

*Please provide copy of licenses*

 EMR# \_\_\_\_\_

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: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Job Name: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please complete and return to [hello@mirandaconstruction.com](mailto:hello@mirandaconstruction.com)*