



### Subcontractor Prequalification Form

Company \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Years in business \_\_\_\_\_

Number of Employees (journeymen, drivers, laborers, etc.): \_\_\_\_\_

#### SAFETY SECTION:

List your Experience Modification Rate (EMR) for the last 3 years:

Year	Rate	Number of OSHA Recordable incidents over the prior 3 years:
_____	_____	_____
_____	_____	(Data available at www.osha.com)
_____	_____	_____

If Current exceeds 1.0 please explain: \_\_\_\_\_

Do you have a written Safety Program?  Yes  No

Are all employees trained in safety requirements?  Yes  No

Do you have a Company Safety Director or other Safety Professionals on Staff?  Yes  No

If yes, Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bond rate %: \_\_\_\_\_ Bonding Company: \_\_\_\_\_ Years w/Bonding Co.: \_\_\_\_\_

Comments: \_\_\_\_\_

Union  Merit Shop

Current Yr. Company Workload: \$ \_\_\_\_\_ Current Yr. Company Backlog: \$ \_\_\_\_\_



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**PROJECT INFORMATION SECTION:**

List data for three most recent completed fiscal years

<b>Year 1</b>	<b>Max. Contract Value Completed</b> \$	<b>Annual Company Revenue</b> \$
<b>Year 2</b>	<b>Max. Contract Value Completed</b> \$	<b>Annual Company Revenue</b> \$
<b>Year 3</b>	<b>Max. Contract Value Completed</b> \$	<b>Annual Company Revenue</b> \$

**REFERENCE SECTION:**

**Project References (2):**

Project Name: \_\_\_\_\_ Project Location (City, State): \_\_\_\_\_ Completion Date (MM/YY): \_\_\_\_\_  
 Your Firm's Approximate Contract Amount: \_\_\_\_\_ Project General Contractor: \_\_\_\_\_  
 General Contractor Contact & Telephone Number: \_\_\_\_\_  
 Briefly Describe Work Performed By Your Firm: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Location (City, State): \_\_\_\_\_ Completion Date (MM/YY): \_\_\_\_\_  
 Your Firm's Approximate Contract Amount: \_\_\_\_\_ Project General Contractor: \_\_\_\_\_  
 General Contractor Contact & Telephone Number: \_\_\_\_\_  
 Briefly Describe Work Performed By Your Firm: \_\_\_\_\_

**Supplier References (1):**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact & Telephone Number: \_\_\_\_\_

**Bank References (1):**

Financial Institution: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact & Telephone Number: \_\_\_\_\_ Established Line of Credit?  Yes  No

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_