

VENDOR/SUBCONTRACTOR PRE-QUALIFICATION FORM



Contact Information:

Company Name: _____

Primary Business Contact: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____

Web Address: _____ Email: _____

Profile Information:

Trade(s) Performed: _____

States/Regions Serviced: _____

Typical Project Size (\$): _____ Annual Volume of Work (\$): _____

Number of Employees: _____ Labor Affiliation: _____

Business Certifications: *(Please attach documentation from any local, state, or federal agency that has certified your company)*

Small Business Enterprise (SBE)

Disadvantaged Business Enterprise (DBE)

Local Business Enterprise (LBE)

Woman Business Enterprise (WBE)

Minority Business Enterprise (MBE)

Veteran Business Enterprise (VBE)

Other: _____

Manufacturer Certifications: _____

Trade Association or Organizations: _____

Project Information: *(Please include information about two recently completed projects)*

Project Title: _____ Location: _____

Trade(s) Performed: _____

Contract Amount: _____ Date Completed: _____

Owner/CM/GC: _____

Project Title: _____ Location: _____

Trade(s) Performed: _____

Contract Amount: _____ Date Completed: _____

Owner/CM/GC: _____

Form Completed By: _____ Date: _____