

SUBCONTRACTOR QUALIFICATION FORM

Date: _____

All subcontractors are required to complete this questionnaire. The contents will be confidential and used solely to determine your firm's qualification for specific projects. The information provided will not be disclosed to project staff.

1. General Information: Please complete the following:

Name of Firm: _____

Address: _____

City, State, Zip: _____

Office Phone: _____

Scope of Work (trades): _____

Company Contact Name: _____

Company Contact Email: _____

Company Contact Phone Number: _____

Estimating Contact Name: _____

Estimating Contact Email: _____

Estimating Contact Phone Number: _____

2. Organization: Please indicate your firm's legal structure:

This firm is a:

- C Corporation S Corporation
 Partnership Sole Proprietor
 Limited Liability Company

Date Founded: _____

Corporate Officers (President, Treasurer, Secretary, etc)

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

3. License Information: Please provide all trade and professional licenses, if any, required for you to perform your services: _____

Type of License / Name of License	State	License Number	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
MBE: _____	_____	_____	_____
WBE: _____	_____	_____	_____

4. Work Classification:

Wage Scale Work (check one):

- Perform wage scale work only
- Do not perform wage scale work
- Both wage scale and non-wage scale work

5. Bonding Capacity: \$ _____

6. Work Experience:

List the categories of work you company self-performs:

7. Does your organization have a safety program?

If yes, please attach the Table of Contents from the program description.

EMR Rating for the past three (3) years: Year ____:____ Year ____:____ Year ____:____

8. Completed Projects:

List major construction projects your company has in progress:

- | | |
|------------------------|------------------------|
| 1. Project: _____ | Owner: _____ |
| Project Contact: _____ | Architect: _____ |
| Contract Amount: _____ | Completion Date: _____ |
| 2. Project: _____ | Owner: _____ |
| Project Contact: _____ | Architect: _____ |
| Contract Amount: _____ | Completion Date: _____ |
| 3. Project: _____ | Owner: _____ |
| Project Contact: _____ | Architect: _____ |
| Contract Amount: _____ | Completion Date: _____ |

9. References:

1. Project Name: _____
Contact Phone Number: _____

Contact Name: _____
Contact Email: _____

2. Project Name: _____
Contact Phone Number: _____

Contact Name: _____
Contact Email: _____

3. Project Name: _____
Contact Phone Number: _____

Contact Name: _____
Contact Email: _____

The undersigned certifies that he/she is authorized to execute this document on behalf of the firm and that all statement(s) are true:

Signature: _____ Printed Name: _____

Submit completed form to: Estimator@crossstpartners.com