

## SUBCONTRACTOR PREQUALIFICATION 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 Founder: \_\_\_\_\_

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](mailto:Estimator@crossstpartners.com)*