

## Vendor | Subcontractor Qualification Form

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporation \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_ E-mail: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Chief Financial Contact: \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

Does your firm use temporary labor? \_\_\_\_\_ WBE or MBE? \_\_\_\_\_

Has the company ever received a Notice of Tax Lien or Levy? (Y/N) \_\_\_\_\_ If Yes, what year? \_\_\_\_\_

If yes, explain \_\_\_\_\_ Has the lien been satisfied (Y/N) \_\_\_\_\_

Number of employees: \_\_\_\_\_ Union Affiliation: \_\_\_\_\_

Owners: \_\_\_\_\_

Name	Title
_____	_____
_____	_____

Type of Work Performed: Division #: \_\_\_\_\_ Trade: \_\_\_\_\_

Division #: \_\_\_\_\_ Trade: \_\_\_\_\_

Annual Revenue for Past Three Years:

Current Year 20__	Previous year 20__	Previous year 20__
_____	_____	_____

Desired Job Size: Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

Largest Job Completed to Date (Name and Value) \_\_\_\_\_

**References:**

Contractor References:

1. \_\_\_\_\_  

Project
Contractor
Contact Name & Phone Number
2. \_\_\_\_\_  

Project
Contractor
Contact Name & Phone Number
3. \_\_\_\_\_  

Project
Contractor
Contact Name & Phone Number

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

## Trade References:

1. \_\_\_\_\_  
Name Phone Number

2. \_\_\_\_\_  
Name Phone Number

3. \_\_\_\_\_  
Name Phone Number

## Safety/EMR:

Please indicate your Experience Factor History for the last three years:

Current Year 20__	Previous year 20__	Previous year 20__

\*\*If your EMR is over 1.10, please provide a copy of your last three years OSHA Form 300 Log of Work-Related Injuries and Illnesses.

## Insurance:

Surety Company: \_\_\_\_\_ Agent / Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Agent / Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_