This Pre-Qualification Questionnaire will not be accepted unless it is completed in its entirety.

Company Name: Federal Identification No.:

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| --- |
| **Company Information** |
|  |
| Address: |
|  |
| City: State: Zip Code: |
| Phone: ( ) - Fax: ( ) - |
| Contact Name: Title: |
| Contact Email: |
| Year Company Started: Type of Company:  |
| □ Corporation □Partnership □Other  |
| Date of Incorporation: |
|  Are You a Subsidiary? □ Yes □ No If Yes, Name of Parent Company:  |
|  Is Your Company: □ MBE □ FBE □ DBE □ CSB  |
| Certified by: Date Certified: |
| Business Classification: □ Certified Small Business □ Certified Small Disadvantaged Business (SOB) □ Certified HUB Zone Small Business □ EDGE Certified  |
| Status: □ Union □ Open Shop | If Union, list Unions which you have Agreements with: |
| How many people did your Company employ on average over the last three (3) years?Office Based \_\_ Field Supervisory \_\_\_\_\_\_\_ Tradespeople \_\_ |

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| *Trade Information* |
| What work does the Company perform with its own forces? |
| What percentage of the Company's work is normally subcontracted? % |
| What trades do you normally subcontract? |
| *Project Experience* |
| Indicate the range of contract size that you most commonly perform: $ to $ |
| What is the largest contract your Company has completed? $ Year: Project: |
| What is the largest contract you currently have in progress? $ Project: |
| What is your expected annual volume this year? $ Number of projects: |

# *References*

Please provide the following for three (3) client references:

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** | **Contact** | **Phone** | **Fax** |
|  |  |  |   |
|  |  |   |   |
|  |  |   |  |

# Attestation

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed by:

*(Print or Type) (Signature)*

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