



REQUEST FOR SUBCONTRACTOR PRE-QUALIFICATION

Subcontractor Company Name _____

Trade(s) _____

CSI Code(s) _____

Contact(s) for new projects _____

Company Telephone # _____ Company Fax # _____

Company Address Line 1 _____

Company Address Line 2 _____

City _____ State _____ Zip _____ County _____

Email Address _____

Years Company Established _____ Bonding capabilities (Circle one) **Yes / No**

Typical project dollar value _____

Days since last lost time construction accident _____

How far will you travel for a project? _____

Check all that apply:

- Large Business Small Business Woman Owned SB
 Small Disadvantaged Business 8a HUBZone
 Native American Owned Veteran Owned SB
 Service Disabled Veteran Owned SB

Past Projects for government agencies (Project #, Project Name, Contract Amount, Reference):
attach a separate page is necessary

1. _____

2. _____

3. _____