SUBCONTRACTOR PRE-QUALIFICATION FORM

1.SUBCONTRACTOR IDENTITY

Company Name : _____

Area of Expertise : _____

Address : _____

Phone Number : _____ **Fax Number :** _____

Tax ID or SS # : _____ **Email :** _____

Contact Person : _____

Type Of Company : ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ LLC

Date Company Formed : _____ **Total Number Of Employees :** _____

Names & Titles of key personnel in Company : _____

_____

2.REFERENCES

Current Projects (Project Name, Scope of Work, Contract amount & Completion Date) :

1 _____

2 _____

3 _____

4 _____

Clients References (List 3 Clients, including Name and Phone Numbers) :

_____

_____

_____

_____

Name (Printed) : _____

Signature : _____ **Date :** _____

PLEASE SEND THIS FORM, CERTIFICATION OF INSURANCE, WORKER COMPENSATION AND W-9 TO :

AT@CONSTRUCTIONATR.COM