



Subcontractor Prequalification Form

Company Information

Company Name: _____

Address: _____

Phone Number: _____

MBE/WBE/DBE Certified

MBE

WBE

Please provide a copy of the licenses

State License #: _____
Please provide a copy of the license if requested

Bond Limit: \$ _____
Only if requested

Website: _____

Bond Rate: _____
Please provide a copy of bond letter if requested

EMR# _____

Primary Contact & Accounts Receivable Contact

Primary Contact Name: _____ Cell#: _____

Primary Contact Email Address: _____

AR Contact name: _____

AR Email Address: _____

Experience

Check all that apply:

- Commercial
- Retail
- Restaurants
- Educational
- Medical
- Industrial

- Historical
- Financial
- Grocery
- Government
- Hospitality

Scope/Spec Section able to perform:

Average size of contract: _____

References

List 3 clients your company has worked within the last 2 years

Contact Person: _____ Job Name: _____
Company: _____ Phone: _____

Contact Person: _____ Job Name: _____
Company: _____ Phone: _____

Contact Person: _____ Job Name: _____
Company: _____ Phone: _____