

## SUBCONTRACTOR / VENDOR PREQUALIFICATION FORM

Email completed form to:  
jcharnesky@ntcmd.com

### General Information

Company	<input type="text"/>	Federal ID Number	<input type="text"/>
Address	<input type="text"/>	Year Business Started	<input type="text"/>
	<input type="text"/>	Main Contact	<input type="text"/>
City	<input type="text"/>	Contact Title	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
Phone	<input type="text"/>		
Fax	<input type="text"/>		
Email	<input type="text"/>		
Website	<input type="text"/>		
Union	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Vendor/Supplier

#### Contractor's License(s), States and Numbers

State	Contract Number	Exp Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Organization

**Business Type:**  Corporation  Partnership  Limited Liability Company  Sole Proprietor  Joint Venture

List the name, title, years with company and percent of ownership of the company's principals:

Name	Title	Number of Yrs w/ Co	% Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your company owned or controlled by a parent company or other organization?  Yes  No

Provide name of parent company:

Provide number of: Office Staff  Field Supervisors  Average Field Labor  Average Shop Labor

Check applicable certification(S):

- |  |   |
|--|---|
| <input type="checkbox"/> Large business (no special classification)  | <input type="checkbox"/> Small Business enterprise (SBE)                        |
| <input type="checkbox"/> Minority Business Enterprise (MBE)          | <input type="checkbox"/> Veteran Owned Small Business (VOSB)                    |
| <input type="checkbox"/> HUBZone Small Business                      | <input type="checkbox"/> Service Disabled Veteran Owned small Business (SDVOSB) |
| <input type="checkbox"/> Small Disadvantages Business (SDB)          | <input type="checkbox"/> Women Owned small Business (WOSB)/(WBE)                |
| <input type="checkbox"/> 8(a) Certified Small Disadvantaged Business | <input type="checkbox"/> Alaskan native Corporation (ANC)                       |
| <input type="checkbox"/> Native American/Indian Tribe                | <input type="checkbox"/> Other _____  |

## Experience

**Trade Categories:** Please list the PRIMARY Categories of work your firm performs or areas of expertise (subcontractor, designer, consultant):

Example: 06 10 00 Rough Carpentry		

Preferred contract size  Up to \$250K  Up to \$500K  Up to \$1M  Up to \$5M  \$5M+

### Geographic Areas of Work

Please check only those states where you will do work.

- AK  AL  AR  AZ  CA  CO  CT  DE  FL  GA  HI  IA  ID  IL  IN  KS  
 KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NC  ND  NE  NH  NJ  NM  
 NV  NY  OH  OK  OR  PA  PR  RI  SC  SD  TN  TX  UT  VA  VT  WA  
 WI  WV  WY

Please attach a list of any other branch office locations.

### Contract Method

Please indicate the percentage of your work load for each contract method.

Competitive Bid  Negotiated/Design Assist  Design Build  IPD

## Legal Information

Has your organization/firm ever failed to complete any work awarded to it?  Yes  No

Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your organization/firm or its principal officers?  Yes  No

Has your organization/firm filed any lawsuits or requested arbitration or mediation with regard to design or construction contracts within the past five (5) years?  Yes  No

Has your company or any organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization?  Yes  No

If you answered yes to any of the above questions regarding claims and suits, please provide more information below.

---

---

---

---

---

# Safety

## OSHA Record

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?

Yes  No If yes, please attach a detailed description of the incident (include – location, date, type or inspection, standard(s) cited, violation type (other, serious, repeat, willful), current status and steps taken to prevent a recurrence.)

## Workers' Compensation

Please list your firm's workers' compensation experience modification rate (EMR) for the last three (3) years and attach written documentation from your insurance broker confirming these rates.

Year	<input type="text"/>	Year	<input type="text"/>	Year	<input type="text"/>
Rate	<input type="text"/>	Rate	<input type="text"/>	Rate	<input type="text"/>

Employee hours worked the last three years:

## OSHA 300 Log Information (List the last three years of information shown below.)

Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Fatalities (Column G)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Cases Days Away From Work (Column H)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No of Job Transfer or Restriction (Column I)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Other Recordable Cases (Column J)	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Financial Information

## Annual Volume

What was the average annual revenue from work completed in the last five (5) years and what is next year's forecasted revenue?

Year	Year	Year	Year	Year	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Revenue	Revenue	Revenue	Revenue	Revenue	Forecasted Revenue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Performance References

Project Name	General Contractor	Subcontract Value	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Project Name	General Contractor	Subcontract Value	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Project Name	General Contractor	Subcontract Value	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Additional Information

Please describe below or attach any additional information to help us determine your company's qualifications and expertise.

## References

### Banking

Name  Contact  Phone   
City  State  Zip Code  Since

### Bonding

Bonding Company  Surety Broker/Agent   
Contact Person  Phone  Time with Bond Co?   
Bond Capacity per Project  Aggregate   
Bond Co. Rating  Last Bond Issued: Date  Amount  Rate %

### Insurance

General Liability Carrier  Effective  Expiration   
Limit  Insurance Broker/Agent  Phone

Please provide Dunn & Bradstreet Number

Supplier Name <input type="text"/>	Location <input type="text"/>
Contact Name <input type="text"/>	Phone <input type="text"/>
Supplier Name <input type="text"/>	Location <input type="text"/>
Contact Name <input type="text"/>	Phone <input type="text"/>
Supplier Name <input type="text"/>	Location <input type="text"/>
Contact Name <input type="text"/>	Phone <input type="text"/>

## Signature

Printed Name  Date   
Signature  Phone   
Title   
Prepared By