



Subcontractor Qualification Form

Firm:	_____	Phone:	_____
Address:	_____	Fax:	_____
	_____	President:	_____
	_____	Contact Name:	_____
Federal ID#:	_____	Contact Email:	_____
		Company Website:	_____
Virginia Contract License #:	_____	Former Company Name:	_____
Work Specialty:	_____	Year of organization:	_____
Current Territory:	_____		

Bank Reference:	_____	Firm's classification:	Small Business Y N
Bank Address:	_____		Women- Owned Y N
	_____		Minority-Owned Y N
			Other _____
		SWAM info	Cert. # _____
			Exp date: _____
Bonding Company	_____	Bond Agent Phone:	_____
Bonding Agent:	_____	Bonding Company's	_____
	_____	Best Rating:	_____
Address:	_____	Current E.M.R	_____

Is Firm in compliance with all EEO requirements? **Y N**

If answer is yes to any of the next three questions, submit details on a separate sheet.

Has your company:	Failed to complete a contract?	Y N
	Been involved in a bankruptcy or reorganization?	Y N
	Any pending judgments, claims or suits against firm?	Y N

Employees:	Office Staff	_____	Percent of work subcontracted?	_____
	Project Managers	_____		
	Estimators	_____		
	Field Supervision	_____		
	Field Staff	_____		
	Total # of Employees	_____		

Safety:

Does your firm have a written safety program? Yes ___ No ___

Do you have an orientation program for new hires? Yes ___ No ___

In the previous three years has your firm been cited for a serious (as defined by O.S.H.A.) violation? Yes ___ No ___

If yes explain:

List four (4) most significant projects completed in the last (3) years.

Project and Address	General Contractor	Owner	Contract Amount	Award Date	List Contact & Phone # for Reference

List three (3) most significant projects presently under construction.

Project and Address	General Contractor	Owner	Contract Amount	Award Date	List Contact & Phone # for Reference

Financial Statement:

The financial statement should contain data and reflect the general current financial condition of the firm and include:

Current Assets: Cash, joint venture accounts, accounts receivable, notes receivable, accrued interest on notes, deposits, and material and prepaid expenses, net fixed assets and other assets.

Current Liabilities: Accounts payable, notes payable, accrued interest on notes, provision for income taxes, advances received from owners, accrued salaries, accrued payroll taxes, other liabilities and capital, capital stock, authorized and outstanding shares par values, earned surplus.

Trade References: Please list three (3) material supplier references including contact name, address and phone number.

Work Capacity: Average yearly sales over the past three (3) years, current sales, total bonding capacity, current bonding capacity remaining.

Date of statement or balance sheets: _____ Name of firm preparing statement: _____

Please attach to this form, a copy of your certificate of insurance indicating current limits and a current financial statement. Please attach log and summary of occupational injuries and illnesses as required by the

U.S. Department of Labor for the last (12) twelve months (O.S.H.A. Form No. 200). This information will be handled confidentially).

This form must be signed by an Officer of the firm or an individual so authorized by an Officer of the firm.

Signature: _____

Title: _____

Name: _____

Federal ID # _____