



## Subcontractor Qualification Form

The information included herein shall not be disclosed and will not be duplicated, used, or disclosed-in whole or in part-for any purpose other than to serve as an element for consideration in award of contract.

Name of Firm: \_\_\_\_\_

( ) Corporation      ( ) Partership      ( ) Proprietorship

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

How long has your company been in business under this name? \_\_\_\_\_

Parent Company \_\_\_\_\_

Owners and/or Partners

Name: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

### FOR CORPORATE USE ONLY

Date of Corporation: \_\_\_\_\_ State in Which Incorporated: \_\_\_\_\_

If not incorporated in Texas: Give Certificate of Authority to do business in Texas.

Certificate No. & Date: \_\_\_\_\_

President's Name: \_\_\_\_\_ Vice-President's Name: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_ Treasurer's Name: \_\_\_\_\_



## Financial Condition

Dunn & Bradstreet Rating & ID Code: \_\_\_\_\_

Maximum Bonding Capacity: \_\_\_\_\_

Individual Project Bonding

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Aggregate Bonding

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Bank Reference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Finance/Credit References:**

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

\_\_\_\_\_



## General Contractor References

General Contractor	Project	\$ Amount	Contact	Phone

What is the largest contract you have completed? \_\_\_\_\_

### Business Volume

Average annual billable volume during the past five years: \_\_\_\_\_

Estimated billable volume this year: \_\_\_\_\_

Estimated volume carryover next year: \_\_\_\_\_

### Contract Values

Preferred Contract Value:

- \_\_\_\_\_ 50,000 & Under
- \_\_\_\_\_ 50,000 - 100,000
- \_\_\_\_\_ 100,000 - 300,000
- \_\_\_\_\_ 300,000 - 500,000
- \_\_\_\_\_ 500,000 - 1,000,000
- \_\_\_\_\_ 1,000,000 - 5,000,000
- \_\_\_\_\_ 5,000,000 - 10,000,000

Maximum contract value that can be handled effectively:

U.S. \_\_\_\_\_ over \_\_\_\_\_ months.

### General Information

Percent of work done by self performance \_\_\_\_\_ %



If you have done business under a different name, please give name and address:

---

---

---

---

Has firm ever failed to complete a project or defaulted on a contract?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state where and why:

---

---

---

---

---

Has firm ever been engaged in litigation over any contract?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state where and why:

---

---

---

---

---

**A. MAJOR MATERIAL SUPPLIES:**

1. Suppliers Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Material to be purchased: \_\_\_\_\_  
Cost of material: \_\_\_\_\_

2. Suppliers Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Material to be purchased: \_\_\_\_\_  
Cost of material: \_\_\_\_\_



3. Suppliers Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Material to be purchased: \_\_\_\_\_  
 Cost of material: \_\_\_\_\_

B. Will your employees be on your direct company payroll or will they be furnished to you through a labor service contractor? \_\_\_\_\_

**PERSONNEL**

Total permanent employees: \_\_\_\_\_

Craftsmen: \_\_\_\_\_ Supervisors/Admin: \_\_\_\_\_ Laborers: \_\_\_\_\_

Highest manpower level past three years: \_\_\_\_\_

Lowest manpower level past three years: \_\_\_\_\_

Proposed organization for the execution of the work: listing all personnel committed to participate in the execution of the work, including their previous experience and positions held in previous jobs.

	Name	Present Position	Years of experience	Typical Amount	Type of work responsibility
Proposed Project Manager					
Proposed Project Manager					
Proposed Project Manager					



**EQUIPMENT**

List the major equipment, types, and quantity proposed for the execution of normal scope of work. Identify as owned or leased.

---

---

---

---

---

**Signature:**

---

Company Name

---

Date

---

Signature

---

Printed Name

---

Title