

SUBCONTRACTOR QUALIFYING FORM

Company Name: _____

License No. _____ Tax ID No.: _____

CORPORATION/OWNERSHIP/PARTNERSHIP

Owner's Name: _____ Phone No.: _____

BANK REFERENCE:

Bank: _____ Account No.: _____

Bank: _____ Account No.: _____

TRADE REFERENCE:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

COMPANY ORGANIZATION AND SIZE:

Total Number of Employees: _____ Number of Sales Personnel: _____

No. of Field Personnel: _____ Managers: _____

LIST SIMILAR PROJECTS FINISHED IN LAST 4 YEARS WITH \$ AMOUNT OF CONTRACT AND PHONE NUMBER FOR CONTACT PERSON.

Project Name	# of Units	\$ of Contract	Date Completed	Owner	Contact
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HOW MANY OTHER PROJECTS ARE CONTRACTED AT PRESENT TIME: _____
SIZE AND TYPE OF CREW PROPOSED FOR THIS PROJECT: _____

WHAT IS THE MAXIMUM AMOUNT YOU CAN BOND: \$ _____