



Subcontractor / Vendor Qualification Statement

SUBMITTED BY:

Company Name:

Mailing Address:

Street Address:

City: State: Zip Code:

Contact Name:

Telephone: Fax: Cell:

E-mail Address:

Type of Work:

HVAC

Electrical

Plumbing

Other

PROJECT OF INTEREST (if applicable):

ORGANIZATION BACKGROUND:

Corporation

Partnership

Individual

Joint Venture

Other

How many years has your organization been doing business in the above stated work?

How many years has your organization been in business under its present name?

Under what other names has your organization done business?

If Corporation:

Date of incorporation:

State of incorporation:

President's name:

Vice-president's name(s):

If Partnership:

Date of organization:

Type of partnership:

Names of general partners:

If individual ownership:

Date of organization:

Name of owner:

If other than above:

Describe organization:

Name(s) of principal(s):

LEGAL:

Has your organization ever failed to complete any work awarded to it? If yes, explain.

Are there currently any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? If yes, explain.

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization that failed to complete a construction contract? If yes, explain.

REFERENCES:

Please give three trade references (include phone numbers):

Name and address of bonding company:

Name, address and phone number of bonding agent:

Submitted by:

Date:

Title :