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SUBCONTRACTOR PRE-QUALIFICATION FORM

SUBCONTRACTOR NAME: _____

ADDRESS: _____
CITY *ZIP*

HOW LONG AT THIS ADDRESS? _____

PREVIOUS ADDRESS: _____
 (IF LESS THAN 1 YEAR) _____
CITY *ZIP*

PHONE NO.: _____ **FAX NO.:** _____

OFFICERS AND TITLES	

TRADE: _____ **MBE, WBE, DBE:** _____

HOW LONG IN THIS TRADE: _____ **STATE LICENSE NO.:** _____

E-MAIL: _____ UNION NON UNION

NUMBER OF EMPLOYEES: _____ **PREVAILING WAGework?** YES NO

PROJECTS CURRENTLY UNDER CONSTRUCTION: # _____ **VALUE:** _____

REFERENCES:

MATERIAL HOUSE (MINIMUM 3)

COMPANY NAME	CONTACT NAME	PHONE	AMOUNT OF CREDIT

COMPLETED WORK (MINIMUM 5 PROJECTS)

PROJECT	SUBCONTRACT VALUE OF PROJECT

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GENERAL CONTRACTORS REFERENCES (REQUIRED):

NAME	CONTACT NAME	PHONE	FAX	E-MAIL

LARGEST SUBCONTRACTS COMPLETED 100% TO DATE
 (MINIMUM OF 3 IN THE LAST 12 MONTHS, OTHER THAN PAGE 1)

PROJECT	VALUE OF SUBCONTRACT

INSURANCE CARRIER: (LIABILITY, AUTO AND WORKMAN'S COMPENSATION)

NAME	ADDRESS	LIMITS

SAFETY PROGRAM: _____ **SAFETY MANUAL:** _____

BANKING RELATIONS:

NAME	CONTACT NAME	PHONE

HOW MANY YEARS: _____

I AFFIRM THE ABOVE INFORMATION IS TRUE AND CORRECT:

BY: _____

TITLE: _____

PRINTED NAME: _____

DATE: _____