



SUBCONTRACTOR QUALIFICATION FORM

Date: _____

COMPANY INFORMATION

Name of Firm: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Principals of Firm:

Name	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Years in Business: _____ Website: _____

Federal ID: _____

Type of Organization (circle one that applies): Corporation / Partnership / Proprietorship / Joint Venture

Type of Company (circle one that applies): Subcontractor / Supplier / Consultant / Engineer / Other

Type of Subcontractor (circle one that applies): Union Shop / Merit Shop

COMPANY QUALIFICATIONS

Type of Work: _____

State License Numbers: State: _____ License Number: _____

State: _____ License Number: _____

State: _____ License Number: _____

Primary Work Area (circle one that applies): Only in New Orleans / Outside New Orleans

Perferred Contract Amount: Minimum: \$ _____ Maximum: \$ _____

Are the Majority of Your Projects (circle one that applies): Hard Bid / Negotiated

Company Status (circle one that applies): MBE / WBE / DBE

Number of Employees: _____

Is your Company Bondable? _____ Capacity: _____

Worker's Compensation Modifier: _____

CURRENT WORK LOAD

Number of Jobs in Progress: _____

Project Name _____ Completion Date _____

Total Dollar Amount of Work Under Contract: _____

Total Dollar Amount of Incomplete Work: _____

BIDDING INFORMATION

Contact for Bid Solicitation: _____ Email: _____

Phone: _____ Fax: _____

Specification Sections Normally Bid (please list all that apply):

Related Work Which is Typically Excluded From Your Bid:

REFERENCES

General Contractor References:

Firm _____ Representative _____ Phone _____

Other References:

Firm _____ Representative _____ Phone _____

SIGNATURE

The above information is true to the best of my knowledge.

By: _____ Title: _____

Date: _____