

## Vendor Pre-Qualification Form (PQF)

GENERAL INFORMATION			
1.	Company Name:	Telephone:	Fax:
2.	Contact for Requesting Bids:		
	Title:	Telephone:	Fax:
3.	Officers	Years With Company	
4.	Form of Business:                Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/>		
	Is your company a subsidiary of another company? If yes, name of Company		
	Is your business a division of another company? If yes, name of Company		
	Is your business franchised by another company? If yes, name of Company		
	Has your company engaged in business with Restoration & Protective Solutions, LLC within the last 12 months? If yes, name of Restoration & Protective Solutions, LLC location where you are doing business		
	Are you an employee or relative of an employee of Restoration & Protective Solutions, LLC? If yes, explain:		

## Business Classification Definitions

**Minority Business Enterprise (MBE)** -- A minority-owned business, as used in this form, refers to a business that is at least 51 percent owned by one or more minorities, and whose management and daily business operations are controlled by one or more minorities.

**Asian-Indian** -- A U.S. citizen whose origins are from India, Pakistan and Bangladesh.

**Asian-Pacific** -- A U.S. citizen whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas.

**African-American** -- A U.S. citizen having origins in any of the Black racial groups of Africa.

**Hispanic** -- A U.S. citizen of true-born Hispanic heritage, from any of the Spanish-speaking areas of Latin America or the following regions: Mexico, Central America, South America, and the Caribbean Basin only.

**Native American** -- A person who is an American Indian, Eskimo, Aleut, or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. Native Americans must be documented members of a North American tribe, band or otherwise organized group of native people who are indigenous to the continental United States and proof can be provided through a Native American Blood Degree Certificate (i.e., tribal registry letter, tribal roll register number).

**Small Disadvantaged Business (SDB)** -- A small disadvantaged business, as used in this document, refers to a small business 1) that is at least 51-percent owned by one or more individuals who are both socially and economically disadvantaged, or a publicly-owned business whose stock is at least 51-percent owned by one or more socially and economically disadvantaged individuals and 2) whose management and daily business operations are controlled by one or more such individuals.

**Women Business Enterprise (WBE)** -- A women-owned business, as used in this form, refers to a business that is at least 51 percent owned by one or more women, and whose management and daily business operations are controlled by one or more minorities.

### 5. Business Classification

Is your business currently certified as a Minority-Owned Business by any government agency or purchasing council? Yes ☐ No ☐ If yes, please identify from previous list:

Certifying Agency:

Certification Number:

Expiration Date:

Is your business currently certified as a Women-Owned Business by any government agency or purchasing council? Yes ☐ No ☐

Certifying Agency:

Certification Number:

Expiration Date:

Is your business currently certified as a Small Disadvantaged Business by any government agency or purchasing council? Yes ☐ No ☐

6. How many years has your organization been in business under your present firm name?

7. Contact for Insurance Information:

Title:	Telephone:	Fax:
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8. Insurance Carrier

If service provider, Please attached a copy of your current ACORD Agreement

9. Are you self insured for Worker's Compensation Insurance? Yes ☐ No ☐

10. General Information PQF Completed By:

Title:	Telephone:	Fax:
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## FINANCIAL INFORMATION

**11. References:**

Customer/Location	Type of Work/Material	Size \$M	Customer Contact	Telephone

**12. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?**

If yes, please attach details.

Yes ☐

No ☐

**13. Are you subject to liquidation or debt reduction procedures under state law?**

If yes, please attach details.

Yes ☐

No ☐

**14. Are you subject to pending liquidation or regulatory proceedings in state or federal courts which could cause a substantial deterioration of your financial condition?**

If yes, please attach details.

Yes ☐

No ☐

**15. Are you subject to any significant collection lawsuits or outstanding judgments which would significantly affect your ability to remain solvent?**

If yes, please attach details.

Yes ☐

No ☐

**16. Are there any overdue amounts owed to any division or subsidiary of Restoration & Protective Solutions, LLC?**

If yes, please attach details.

Yes ☐

No ☐

**17. Does your company have any ongoing or pending litigation?**

If yes, please attach details.

Yes ☐

No ☐

**18. Financial Information PQF Completed By:**

Title:	Telephone:	Fax:
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## VENDOR PRODUCT/FACTORY INFORMATION

19. Factory Location(s)

20. Quality Control Program

21. Union Affiliation/Contract Expiration

22. Factory Contact::

Telephone:

Daytime:

Night/Emergency:

Email:

Fax:

23. Vendor Product/Factory PQF Completed By:

Title:

Telephone:

Fax: