



BUILDING AND DEVELOPMENT, INC.

22345 La Palma Ave., #105  
Yorba Linda, CA 92887-3821  
CA State Contractors License #818687  
AZ State Contractors License #ROC189553  
NM State Contractors License #87103  
NV State Contractors License #0070695  
UT State Contractors License #6825082-5501  
WA State Contractors License # ROHMBBD930KG

Thank you for your interest in working with Rohm Building and Development!

For consideration in invitations to bid future projects with us, it is required that you complete and submit the following documents:

1. Subcontractor/Vendor Qualification Forms (3 pgs including cover letter) Attached
2. Certificate of Insurance showing current coverage amounts (**should be at least \$1 million per occurrence**) and expiration date for the following policy types:
  - o General Liability Limits (General Aggregate of \$2 million)
  - o Automobile Liability Limits
  - o Worker Compensation Limits
3. A **copy** of your W-9 form
4. A **copy** of all applicable Contractors Licenses. (For all states you work in)

Please submit qualification/documentation to the email noted below.

Thank you!

Rohm Building and Development, Inc.

info@rohmbuilding.net

Fax: 714-692-2853

Phone: 714-692-8098

Company Name:	Date:
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<b>Licensing Information:</b> <span style="background-color: #00ff00; padding: 2px;">Please attach a copy of all applicable licenses</span>		
Contractors License No:	State:	Class:
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Contractors License No:	State:	Class:

Please list three construction references (provide list of current and past companies & projects):

Contact Name: _____	Email: _____	Telephone: _____
Project Title & Location: _____	Amount: \$ _____	Yr. Comp: _____
Contact Name: _____	Email: _____	Telephone: _____
Project Title & Location: _____	Amount: \$ _____	Yr. Comp: _____
Contact Name: _____	Email: _____	Telephone: _____
Project Title & Location: _____	Amount: \$ _____	Yr. Comp: _____

<b>EXPERIENCE</b>
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1. Have you had Litigation in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide details/unresolved issues)</i>			
2. Are there any judgments, claims or suits pending or outstanding against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Ever failed to complete a project? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide and details/unresolved issues)</i>			
4. List your company's backlog (total work in progress and under contract, but not yet started) as of today and for the next two years:			
Backlog as of today:	\$ _____	0-12 months: \$ _____	12-24 months: \$ _____
5. Project Size: Largest:	\$ _____	Smallest: \$ _____	Average: \$ _____
			<b>Total for the Past Five Years</b> \$ _____
7. Provide Experience Modification Rate (EMR)			
Current EMR:	2014 EMR:	2013 EMR:	2012 EMR:

<b>SAFETY</b>
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Name of Safety Professional:		
Title:		
Phone Number:	Fax:	Email:
1. Drug Free Work Policy <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have had an OSHA citation, fine, or violation in past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide details/unresolved issues)</i>		
3. Does your company have a written safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Do you have and have you implemented the OHSA 10 and OHSA 30 training requirements for your employees, <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it documented? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Do you have on-site personnel trained to perform First Aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Does your competent person have the proper certification cards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Do you have regular site safety inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Do you subcontract work out to others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, do you insure they follow the proper safety requirements?)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company Name: \_\_\_\_\_

**VERIFICATION STATEMENT OF BUSINESS SIZE STATUS** **Please attach a copy of ALL applicable Certifications**

Information provided may be verified against federal, state and local records including Nevada's Contractor License Status Check and Central Contractor Registration to determine accuracy. Verification Statement will be required annually.

Please note that with the exception of HUB Zone and 8 (a), All other Small Business designations can be self-certified.

(Check all that apply)

Minority Business Enterprise (MBE)

\*If MBE, ethnicity \_\_\_\_\_

Women-Owned Business Enterprise (WBE)

Disabled Veteran-Owned Business Enterprise (DVBE)

None of the Above (Large Business)

I \_\_\_\_\_, a principal Owner/Operator of \_\_\_\_\_, hereby certify under penalty of perjury that said business qualifies for the Small Business designation/certification listed above and meets the size standard requirements for or Industry Group as defined by the Small Business Administration. \_\_\_\_\_

Signature

I hereby certify that the pre-qualification information provided herein is accurate, correct and true.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_