



## Intake Form

This form must be completed in full for consideration to join the Pena Custom Masonry network of approved subcontractors. Please provide detailed and accurate responses. Attach additional pages if necessary.

### 1. Company Profile

Legal Business Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Primary Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Website or Social Media: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Federal EIN #: \_\_\_\_\_

Business Structure (LLC, Corp, Sole Prop, etc.): \_\_\_\_\_

Texas Business License #: \_\_\_\_\_

### 2. Ownership & Key Contacts

Owner/Principal Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Project Manager / Field Supervisor: \_\_\_\_\_

Office Admin / Accounting Contact: \_\_\_\_\_

### 3. Trades & Services

List Your Primary Trade(s): \_\_\_\_\_

What type of masonry do you specialize in?

\_\_\_\_\_



Additional Services Provided (check all that apply):

- ☐ CMU / Block Work   ☐ Brick Veneer   ☐ Stone Veneer   ☐ Stucco   ☐ ICF Install  
☐ Site Cleanup   ☐ Demolition   ☐ Foundation Prep   ☐ Waterproofing  
☐ Rebar / Grouting   ☐ Excavation   ☐ Equipment Hauling

Other: \_\_\_\_\_

#### 4. Workforce & Capacity

Total Number of Employees: \_\_\_\_\_

Number of Crews Available for Deployment: \_\_\_\_\_

Average Crew Size: \_\_\_\_\_

Are crews bilingual? ☐ Yes ☐ No | Languages Spoken: \_\_\_\_\_

Do you have a full-time Foreman on site? ☐ Yes ☐ No

#### 5. Equipment Inventory

Please list any major tools or equipment your company owns or leases:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Do you have trailers or trucks for transporting materials? ☐ Yes ☐ No

#### 6. Project History & Capabilities

What types of projects do you typically take on?

\_\_\_\_\_

Maximum project value you've completed: \$\_\_\_\_\_

Preferred project size: \_\_\_\_\_ (e.g. sqft, budget range, crew size)

Do you have experience working under General Contractors? ☐ Yes ☐ No



List a few notable past projects (locations, contractors, or scopes):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 7. Safety & Compliance

Do you have a written safety program? ☐ Yes ☐ No

Do you conduct weekly safety meetings (Toolbox Talks)? ☐ Yes ☐ No

Have you had any OSHA violations in the last 5 years? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

## 8. Signature

Authorized Representative Name: \_\_\_\_\_

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

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

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