



Today's (MO/DAY/YEAR): ___/___/___

Person Completing Form: _____

Company Information

Company Name:		Company Website:	
President/Owner/Partner Name:		Other Contact Name/Title:	
Address/City/State/Zip:			
Phone: (____) _____ - _____		Contact Email:	
Fax: (____) _____ - _____		Other Contact Email:	
Construction Trade Association Membership: <input type="checkbox"/> None			
<input type="checkbox"/> Associated Builders and Contractors <input type="checkbox"/> American Subcontractors Association <input type="checkbox"/> Other: _____			

Structure of Company

<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> General or Limited <input type="checkbox"/> Joint Venture	
Date of Establishment: ___/___/___	State where Established:
List of states/metro area in which authorized to do work (please include license # if applicable)	
<input type="checkbox"/> VA (License: _____) <input type="checkbox"/> MD (License: _____) <input type="checkbox"/> DC (License: _____)	
<input type="checkbox"/> Federal ID: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
Contractor parent company (company name/president/address/phone):	# of Employees (office and field):

Company Profile

Type of Company	
<input type="checkbox"/> Subcontractor (Furnish & Install) <input type="checkbox"/> Subcontractor (Install Only) <input type="checkbox"/> Supplier (Materials Only)	
CSI Number(s): _____	SIC Number(s): _____
Project Size: (Check ALL that apply)	
<input type="checkbox"/> \$250,000 or below <input type="checkbox"/> \$251,000 - 499,000 <input type="checkbox"/> \$500,000 - 999,000 <input type="checkbox"/> \$1,000,000 or more	
Types of Projects: (Check ALL that Apply)	
<input type="checkbox"/> Schools <input type="checkbox"/> Government <input type="checkbox"/> Healthcare	
<input type="checkbox"/> Hospitality <input type="checkbox"/> Lodging <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail	
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	

Company Profile

Geographic Work Areas: (Check ALL that Apply)

Wash. DC Area Richmond Norfolk Baltimore Other: _____

Certified Minority Business Enterprise Contractor (MBE)? Yes No

Certified by: _____

Certified Woman Business Enterprise Contractor (WBE/DBE)? Yes No

Certified by: _____

Do you have experience with LEED/green buildings?

Yes No

Bonding & Insurance

Name of Bonding Agency:

Relationship Officer:

Phone: (____) ____ - _____

Fax: (____) ____ - _____

Bonding Company:

A.M. Best Rating of Bonding Company:

Bonding Capacity Single Job: \$ _____

Bonding Capacity Aggregate: \$ _____

Please attach workers comp and general liability insurance certificates

What is your workers comp EMR (experience modification rate) for the last 3 years?

Year _____ EMR _____ Year _____ EMR _____ Year _____ EMR _____

Please attach copy of previous year's OSHA 300 form

Work in Progress

Amount of work under contract: \$ _____

Amount of that work not yet completed: \$ _____

Trade References:

Please list three trade/vendor references with whom you have worked for in the last year.

1. Name: Address: City/State/ZIP:	Contact:
	Contact Phone Number/Cell Number:
2. Name: Address: City/State/ZIP	Contact:
	Contact Phone Number/Cell Number:
3. Name: Address: City/State/ZIP:	Contact:
	Contact Phone Number/Cell Number:

General Contracting References:

Please list three general contractors with whom you have worked for in the last 2 years.

1. Name: Address: City/State/ZIP:	Contact:
	Contact Phone Number/Cell Number:

General Contracting References:

Please list three general contractors whom you have worked for in the last 2 years.

2. Name: Address: City/State/ZIP:	Contact:
3. Name: Address: City/State/ZIP:	Contact Phone Number/Cell Number:
3. Name: Address: City/State/ZIP:	Contact:
3. Name: Address: City/State/ZIP:	Contact Phone Number/Cell Number:

Credit Authorization

The submitter of this pre-qualification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the references may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms? Yes No

Dunn & Bradstreet # _____

Signature of Officer: _____

Date: _____

Return Completed Form ATTN: _____

Title: _____

Company: _____

Fax: _____

Please complete requested information on company's recent major construction projects either completed or in progress; or attach list. (Please make additional copies as needed).

Name of project		Name of project	
Client/Owner		Client/Owner	
General Contractor		General Contractor	
Location		Location	
Contract Value	\$	Contract Value	\$
Description of Work being Performed		Description of Work being Performed	
Architect/Engineer		Architect/Engineer	
General Contractor Contact		General Contractor Contact	
Phone Number		Phone Number	
Completion (Planned) Date		Completion (Planned) Date	

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I CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____