



SUBCONTRACTOR PRE-QUALIFICATION FORM

308 Tucker Road
Valdosta, GA 31601
229-245-0838 Phone
229-245-1191 Fax

PO Box 307
Valdosta, GA 31603

FIRM INFORMATION

Firm Name:	_____	Website:	_____
Firm Contact:	_____	E-Mail:	_____
Addresses:	_____	Phone:	_____
City, State, Zip:	_____	Fax:	_____
Year Incorporated/Established:	_____	Business Trade:	_____

PERMANENT PERSONNEL

Please list the total number employees for each category below.

Senior Managers:	_____	Technical:	_____
Project Managers:	_____	Trade:	_____
Superintendents:	_____	Other:	_____
Administrative:	_____		
Total Number of Employees:	_____		

CURRENT CONTRACTS

Please attach a separate list of all work currently under contract, including the following information

Started Yet (Y/N):	_____	Completion Date:	_____
Project Title:	_____	Contract Amount:	_____
Location:	_____	% Complete:	_____
Owner's Representative:	_____	Phone:	_____
General Contractor:	_____	Phone:	_____

FINANCIAL INFORMATION

Total Dollar value of work completed during the last three years:	Year #1:	_____	
	Year #2:	_____	
	Year #3:	_____	
Bank Name:	_____	Contact:	_____
Address:	_____	Phone:	_____
City, State, Zip:	_____	Fax:	_____

BONDING INFORMATION

Limit Per Project:	_____	Aggregate Capacity:	_____
Value of Work Currently Bonded:	_____		
Bonding Surety:	_____	Agent:	_____
Address:	_____	Phone:	_____
City, State, Zip:	_____	Fax:	_____
Insurance Co.:	_____	Agent:	_____
Address:	_____	Phone:	_____
City, State, Zip:	_____	Fax:	_____

RELATED EXPERIENCE

Project Title:	_____	Project Size:	_____
Project Type:	_____	Project Value:	_____
Owner Name:	_____	Contractor Name:	_____
Owner Phone:	_____	Contractor Phone:	_____
Project Title:	_____	Project Size:	_____
Project Type:	_____	Project Value:	_____
Owner Name:	_____	Contractor Name:	_____
Owner Phone:	_____	Contractor Phone:	_____
Project Title:	_____	Project Size:	_____
Project Type:	_____	Project Value:	_____
Owner Name:	_____	Contractor Name:	_____
Owner Phone:	_____	Contractor Phone:	_____

REFERENCES

Please attach a separate list of major material supplier references and general contractor references.

List at least three references each with the following information

Firm Name:	_____	E-Mail:	_____
Addresses:	_____	Phone:	_____
City, State, Zip:	_____	Fax:	_____

OTHER INFORMATION

Is this Firm a State Certified W/MBE? If yes, attach copy of W/MBE certificate. Yes No

Does this firm:

- A. Have a written Safety Program? Yes No
B. Have any pending Judgments, claims or Suits? Yes No

Has this firm:

- A. Been cited by OSHA in the last three years? Yes No
B. Failed to complete a contract? Yes No
C. Been involved in bankruptcy or reorganization? Yes No

If you have answered yes to any of the previous questions please provide details explaining the situation.

Signature Verification

Printed Name:	_____	Signature:	_____
Printed Title:	_____	Date:	_____