



JC ROBERTS
CONSTRUCTION
COMPANY, INC.
GENERAL CONTRACTORS



Subcontractor Qualification Questionnaire

Company Name: _____ Trade: _____

Contact: _____ Title: _____

Phone No: _____ Email: _____

Fax No: _____ Mailing Address: _____

Years in Business: _____ # of Employees: _____ Bondable: Yes No

Are you currently working in the Permian Basin: _____

Please attach a copy of your company's Certificate of Insurance.

Scope of Work: _____

Spec Divisions & Sections: _____

Geographical Region(s) Serviced: _____

Zip Code(s): _____ Radius: _____ MI

Preferred Project Range: \$ _____

Preferred Project Type (s): _____

Do You Bid on The Following projects: Public _____ Private: _____ Water/Wastewater: _____

Completed By: (Printed) _____ Title: _____

Signature: _____ Date: _____

Mailing: P. O. Box 60631, Midland, TX 79711
Physical: 400 S. Meadow, Odessa, TX 79761
Phone: (432) 580-6161 Fax: (432) 337-7777
Website: www.jcrobertsconstruction.com



Please Complete the Attached Reference Page and submit it with your Questionnaire

1) **Project Title:** _____

Location: _____

Scope of Work (trade): _____

Contract Amount: _____ Date Completed: _____

Owner/CM/GC: _____

Completed on Time: _____ Contact Number for CM or GC: _____

2) **Project Title:** _____

Location: _____

Scope of Work (trade): _____

Contract Amount: _____ Date Completed: _____

Owner/CM/GC: _____

Completed on Time: _____ Contact Number for CM or GC: _____

3) **Project Title:** _____

Location: _____

Scope of Work (trade): _____

Contract Amount: _____ Date Completed: _____

Owner/CM/GC: _____

Completed on Time: _____ Contact Number for CM or GC: _____

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