

TRADES CONTRACTOR PREQUALIFICATION



Company Name:	
Employer Identification Number:	
Street Address:	
City, State, Zip Code:	
Phone Number:	
Main Point of Contact:	
Email Address:	
Primary Trade(s):	
Geographic Service Area:	

The following information is required for analysis of trade contractors' history and current resources. Please provide to fullest extent possible:

1. Prior (2) years' FYE financial statements including balance sheet, income statement and cash flow statement.
2. If last FYE statement is over six months old, please provide current interim balance sheet and income statement.
3. Provide letter from your surety provider that indicates single project and aggregate program support, the duration of relationship and any comments pertaining to open bond claims.
4. Letter from your bank outlining current line(s) of credit. Indicate total amounts as well as what is currently outstanding.
5. Provide backlog (value remaining to be billed):

Backlog (value remaining to be billed)	As of Date (mm/dd/yyyy)

6. Provide current P&P Bond Rate: _____

7. List major construction projects your organization currently has in progress:

Project Name/Location	General Contractor	GC Contact and Phone	Contract Amount	% Complete

8. List major construction projects your organization has completed in the past five years:

Project Name/Location	General Contractor	GC Contact and Phone	Contract Amount	Completion Date

9. Provide revenue for the past four (4) years:

Year	Total Revenue

10. Provide worker compensation experience modification rate for the past four (4) years:

Year	Rate	Carrier

11. Provide number of OSHA Citations for the past four (4) years:

Year	Number of Citations	Number of Fatalities	Reason

12. Provide Recordable Incident Rates, Loss Time Incident Rates, and Employee Hours Worked for the past four (4) years:

Year	Number of Recordable Incidents	Number of Loss Time Incidents	Employee Hours Worked

13. Indicate any Diversity Certifications your organization holds:

Certification	Yes / No		Expiration Date
Women Business Enterprise (WBE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Minority Business Enterprise (MBE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Disadvantaged Business Enterprise (DBE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Veteran-Owned Small Business (VOSB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
HubZone Small Business (HUBZ)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8(a) Small Business (8SB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Signature

Date