

TRADE CONTRACTOR PREQUALIFICATION FORM

PROJECT:
BID PACKAGE NO:
DATE:

GENERAL INFORMATION

Firm Name:	
Address:	
City, State, Zip Code:	
Telephone:	
Fax:	

HISTORY OF FIRM

Year Established / Incorporated:	
Corporate Charter No:	
Florida Contractor License No:	
Primary Business:	

PERMANENT PERSONNELL	ON STAFF	NUMBER PROPOSED FOR THIS PROJECT
Senior Management		
Project Managers		
Superintendents		
Administrative		
Technical		
Trades		
Other		
Total Permanent Employees		

Do you plan to subcontract any work on this project?

Yes
 No

If answered yes to the above question, list on a separate sheet, the name, address, phone number, and complete work scope for the subcontractor you intend to employ.

NOTE: Failure to fully disclose this information in this prequalification for may result in denial of approval to subcontract that portion of work.

CURRENT CONTRACTS

Attach on a separate a list the following information for all work currently under contract., whether stated or not.

Project Title:	
Location:	
Contract Amount:	
Contract Status (percentage of completion):	
Scheduled Completion Date:	
Owners Representative and Phone No:	
General Contractor Name and Phone No:	

FINANCIAL INFORMATION SUMMARY

Total dollar value of work completed for the last three years:

2005	
2004	
2003	

Name of Bank:	
Address:	
Contact:	
Telephone No:	

BONDING CAPACITY

Bonding limit per project:	
Aggregate capacity:	
Value of work currently bonded:	

Bonding Surety:	
Agent:	
Telephone No:	
Insurance Company:	
Agent:	
Telephone No:	

RELATED EXPERIENCE

List on a separate sheet any projects of similar size, duration, and scope, your firm has completed during the last seven years; list no less than three

Project Title/Size/Type:	
Owner Contact/Phone No:	
General Contractor Phone No:	

OTHER INFORMATION

1. Is this form a certified MBE of any City, County, or State entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does this firm have a written safety program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has this firm been cited by OSHA in the last three years? (if yes, attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. Has this firm failed to complete a contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4b. Has this firm been involved in bankruptcy or reorganization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5a. Does this firm have any pending judgments, claims or suits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If answered yes to any item in number 4 or 5 above, attach complete details on a separate sheet.

REFERENCES

attach on separate sheet

Major Material Suppliers

Name:	
Address:	
Contact:	
Telephone No:	

General Contractors

Name:	
Address:	
Contact:	
Telephone No:	

I hereby certify that the foregoing information is, to the best of my knowledge, true and complete:

Signature: _____
Officer / Principal of the Firm

Name: _____

Title: _____