



TRADE CONTRACTOR PREQUALIFICATION FORM

DATE: _____

TYPE OF WORK: _____

GENERAL INFORMATION:

Name of Firm: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

Florida Contractors License Number(s): _____

HISTORY

Type of Work: _____

Years Performing this Work: _____ No. Permanent Employees: _____

HAS FIRM EVER:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Failed to Complete a Project | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Been Involved in Bankruptcy or Reorganization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Pending Judgments, Suits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

** If answer **yes**, please submit details on a separate sheet.*

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FINANCIAL INFORMATION

Volume of Work Completed in the Last Three (3) Years:

2007: _____

2008: _____

2009: _____

Work Currently Under Contract: \$ _____

Name of Bank: _____

Phone Number: _____

Contact: _____

BONDING

Does Firm Have Bonding Capabilities? Yes No

** If yes, please Answer the Following:*

Bonding Limit per Project: \$ _____

Total Aggregate Bonding Limit: \$ _____

Value of Work Presently Bonded: \$ _____

Bonding Agent:

Company: _____

Address: _____

Phone No.: _____ Contact: _____

SAFETY

Does Firm Have a Written Safety Program? Yes No

Does Firm Have a Written Hazardous Communication Program? Yes No

Has Firm Ever Been Cited by OSHA within the Last 3 Years? Yes No

** If answered yes, please submit details on a separate sheet.*

3472 Weems Road, Unit 1
Tallahassee, Florida 32317
(850) 222-2281 / Fax (850) 222-7749

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W/M.B.E. or SERVICE DISABLED VETERAN CLASSIFICATION

Is Firm a Women/Minority Business Enterprise (**W/MBE**) or Service Disabled Veteran Owned Business, Certified with either (i) the State of Florida, Department of Labor and Employment Security; (ii) a County in Florida; (iii) a City in Florida; or (iv) a school board in Florida?

Yes No

** If **yes**, please attach copy of all certifications received by Firm.*

Is Firm a Certified W/MBE or Service Disabled Veteran Owned Business in another state?

Yes No If **yes**, which state? _____

** If **yes**, please attach copy of all out of state certifications received by Firm.*

REFERENCES

Material Suppliers:

Name : _____
Address: _____
Phone No.: _____ Contact: _____

Name : _____
Address: _____
Phone No.: _____ Contact: _____

General Contractor:

Name : _____
Address: _____
Phone No.: _____ Contact: _____

Name: _____
Address: _____
Phone No.: _____ Contact: _____

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List Two Largest Projects Currently Under Construction:

Project Name: _____
Location: _____
General Contractor: _____
Phone Number: _____
Contact: _____
Contract Amount: \$ _____

Project Name: _____
Location: _____
General Contractor: _____
Phone Number: _____ Contact: _____
Contract Amount: \$ _____

I, HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, THE
INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE.

DATED THIS _____ DAY OF _____, 2010

Signature

Name & Title