



**SUBCONTRACTOR PRE-QUALIFICATION FORM**

**CONTACT INFORMATION:**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Primary Business Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner/Company Officer: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PROFILE INFORMATION:**

Contractor's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Typical \$ Project Size: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Labor Affiliation: \_\_\_\_\_ Union \_\_\_\_\_ Non-Union

Dollar Range of Contracts within the last year: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Annual Revenue each year for the past 3 years: \_\_\_\_\_

Description of work material supplies, trades: \_\_\_\_\_

\_\_\_\_\_  
List 3 Trade References: Company, Address/City/State, Contact Person, Phone and Fax #'s

Trade Reference: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Please check appropriate box (s) Is your organization a:

- SB                                       VOSB                                       SDVOSB  
 WOSB                                       SDB     HUBZone certified  
 8 (a) CERTIFIED \_\_\_\_\_ Certification Number                       Alaska native corporation or Indian Trade  
 Certified by Others- List \_\_\_\_\_

Location Of Work:

- California               Colorado               New Mexico               Nevada               Arizona

List 2 Projects Recently Completed:

Project Title: \_\_\_\_\_ Location: \_\_\_\_\_ Amount: \_\_\_\_\_  
Trades Performed: \_\_\_\_\_ Owner/GC/CM: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Project Title: \_\_\_\_\_ Location: \_\_\_\_\_ Amount: \_\_\_\_\_  
Trades Performed: \_\_\_\_\_ Owner/GC/CM: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Are you compliant with all OSHA, EM 385-1-1, and other regulatory safety laws and procedures? \_\_\_\_Yes \_\_\_\_No

Do you have a written company safety policy and program and will you provide copies if requested?: \_\_\_\_Yes \_\_\_\_No

Do you have general liability insurance? \_\_\_\_Yes \_\_\_\_No Insurance Agent \_\_\_\_\_

Do you have workman's compensation insurance? \_\_\_\_Yes \_\_\_\_No Insurance Agent \_\_\_\_\_

Bonding Rate: \_\_\_\_\_ Name of Surety: \_\_\_\_\_ Contact Name/Phone: \_\_\_\_\_

The signatory of this questionnaire guarantees to the truth and accuracy of all statements and answer provided, and will provide updated information as significant changes occur, or as requested by Marcon Engineering. The signatory understands that failure to fill out this prequalification questionnaire completely and provide all required attachments will prevent review and processing and may disqualify contractor from consideration.

Print Name of Preparer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Fax completed form to (760) 737-8461 or e-mail to [estimating@marconeng.com](mailto:estimating@marconeng.com)

Marcon Engineering, Inc.  
876 N Broadway, Escondido, CA 92056  
Phone: (760) 737-8440 Fax: (760) 737-8461