



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

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