

SUBCONTRACTOR PREQUALIFICATION



FIRM BACKGROUND			
Company Name			
Street Address	City	State	Zip
Contact Name	Phone	Email	
Work Performed			
Year Established	Ave. Annual Revenue	EMR Last 3 Years	# of Employees
Bonding Company	Bonding Contact Name	Bonding Phone	Bonding Capacity

CERTIFICATIONS
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> SBE <input type="checkbox"/> OTHER <input type="checkbox"/> NONE
Please list all applicable certifying authorities, and attach a copy of current certification.

PROJECT REFERENCES			
(1) Project Name	Location	Contract Amount	Dates of Work
General Contractor Name	General Contractor Contact	General Contractor Phone	
Project Description/Scope of Work:			
(2) Project Name	Location	Contract Amount	Dates of Work
General Contractor Name	General Contractor Contact	General Contractor Phone	
Project Description/Scope of Work:			
(3) Project Name	Location	Contract Amount	Dates of Work
General Contractor Name	General Contractor Contact	General Contractor Phone	
Project Description/Scope of Work:			

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BANK REFERENCE			
Bank Name			
Street Address	City	State	Zip
Contact Name	Phone	Email	

CAPACITY	
Minimum Project Bid (\$)	Maximum Project Bid (\$)

ADDITIONAL INFORMATION
<p>Please use this box for any additional information you would like for us to consider.</p>

Submit completed form to: bids@integratecp.com.

Thank you for your interest in working with Integrate Construction Partners!