

CONTRACTOR PRE-QUALIFICATION FORM

| GENERAL: | | | | | |
|----------------------------------------|----------------------------------------------------------|--|--|--|--|
| Company Name: | | | | | |
| Point of Contact: | of Contact: Title: | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| Telephone No: | Email: | | | | |
| BUSINESS TYPE: | | | | | |
| □ Consultant | □ Union | | | | |
| ☐ Contractor or Subcontractor | □ Non-Union | | | | |
| ☐ Material Supplier | □ Partnership | | | | |
| □ Manufacturer | □ Other | | | | |
| COOR (CC) DUUCION (CEDIUCES DEDEODATED | | | | | |
| SCOPE/CSI DIVISION/SERVICES PERFORMED: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| CERTIFICATIONS: | | | | | |
| □ Large Business (LB) | ☐ Historically Underutilized Business Zone (HUBZone) | | | | |
| ☐ Small Business (SB) | □ Veteran Owned Small Business (VOSB) | | | | |
| ☐ Small Disadvantaged Business (SBD) | ☐ Service Disabled Veteran Owned Small Business (SDVOSB) | | | | |
| ☐ Women Owned Small Business (WOSB) | □ Other: | | | | |
| LOCATION OF WORK | | | | | |
| LOCATION OF WORK: Urginia (VA) | □ North Carolina (NC) | | | | |
| ☐ Maryland (MD) | □ South Carolina (SC) | | | | |
| ☐ District of Columbia (DC) | □ Other: | | | | |
| VOLUME OF WORK (\$): | Total Hours Worked | | | | |
| □ 2020 | □ 2020 | | | | |
| | □ 2019 | | | | |
| □ 2018 | □ 2018 | | | | |



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| SAFETY PERFORMANCE (LAS | T THREE YEARS): | | | |
|---------------------------------|-------------------------|-------------|------------|--------------------------------------------|
| EMR | | | | |
| □ 2020 <u> </u> | | _ | | |
| □ 2019 | | _ | | |
| □ 2018 <u> </u> | | _ | | |
| Do you have a formal Safety | Plan? (please provide) |) | □ Yes | □ No |
| QUALITY CONTROL: | | | | |
| Do you have a formal Quality | ı Control Plan? (please | provide) | □ Yes | □ No |
| BONDING: | | | | |
| □ Bond Rate (%): | | _ | | |
| □ Bonding Capacity: | | = | | |
| □ Name of Surety: | | - | | |
| WORK REVIEW: | | | | |
| Please list projects currently | being performed by yo | our company | . (Continu | ue list on a separate sheet, if necessary) |
| Project | Location | Value | | Description of Work |
| | | | | |
| | | | | |
| REFERENCES: | | | | |
| Please list three (3) reference | | | | - 1 (20) |
| Company | Contact Person/Telep | ohone No. | | Relevance (Client, Subcontractor, Etc.) |
| | | | | |
| | | | | |



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IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, PLEASE EXPLAIN:

| 1. Has your company ever failed to complete any awarded w | vork? |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 2. Are there any judgements, claims, and arbitration proceed its officers? | dings, suits pending or outstanding against your company or |
| 3. Has your company filed any lawsuits or requested arbitrat (5) years? | ion with regards to construction contracts with the past five |
| 4. Within the past five (5) years, has any officer or principal of company or organization which failed to complete a construction | |
| Signature | Title |
| Name (Printed) | Date |