
SUBCONTRACTOR/SUPPLIER QUALIFICATION FORM

FIRM NAME: _____
PHONE NO.: _____
FAX NO.: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TRADE: _____

1. TYPE OF ORGANIZATION

CORPORATION _____ PARTNERSHIP _____ SOLE OWNERSHIP _____
YEARS IN BUSINESS _____
WHERE INCORPORATED _____
WHEN INCORPORATED _____

2. AFFILIATION

MBE	MINORITY BUSINESS ENTERPRISE	_____
WBE	WOMEN BUSINESS ENTERPRISE	_____
LBE	LOCALLY BASED ENTERPRISE	_____
DBE	DISADVANTAGED – BUSINESS ENTERPRISE	_____
	NONE OF THE ABOVE	_____

3. CERTIFICATION (please submit proof – copies of)

STATE CERTIFICATION	_____
NY CITY CERTIFICATION	_____
PORT AUTHORITY	_____
OTHER	_____

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4. GEOGRAPHICAL AREAS OF OPERATION

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5. LIST NAMES OF ALL DIRECTORS, OFFICERS, PARTNERS AND STOCKHOLDERS (IF STOCK NOT PUBLICLY TRADED).

NAME	TITLE	YEARS EXPERIENCE
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

6. LIST ALL LICENSES AND CERTIFICATIONS OF THE FIRM, AND/OR NAME OF INDIVIDUAL HOLDING THE LICENSE UNDER WHICH THE WORK OF THE FIRM IS PERFORMED.

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7. PRINCIPALS OF FIRM

NAME	TITLE	YEARS EXPERIENCE
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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8. FIRM SIZE

AVERAGE YEARLY VOLUME \$ _____	VOLUME LAST YEAR \$ _____
CURRENT VOLUME \$ _____	BACKLOG/PENDING VOLUME \$ _____
CURRENT EMPLOYEES (ALL) _____	FIELD PERSONNEL _____

9. PROPERTY

	OWNED	LEASED
OFFICE	_____ S.F.	_____ S.F.
FABRICATION SHOP	_____ S.F.	_____ S.F.
STORAGE	_____ S.F.	_____ S.F.
Equipment Owned and/or Vehicle Inventory: _____		

10. FINANCIAL

LIST BANK REFERENCES:	_____

BONDING CAPACITY:	_____
BONDING COMPANY:	_____
<i>PLEASE INCLUDE LETTER FROM BONDING COMPANY (SUNSHINE LETTER)</i>	

11. DESCRIBE THE INSURANCE YOUR COMPANY IS CAPABLE OF PROVIDING:

TYPE OF INSURANCE	CARRIER	COVERAGE	POLICY LIMIT	EXCLUSIONS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>PLEASE INCLUDE INSURANCE CERTIFICATE</i>				

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12. WHAT WORK DOES YOUR FIRM PERFORM WITH YOUR OWN FORCES?

13. DOES YOUR FIRM AND YOUR SUBCONTRACTORS OPERATE UNDER A STANDARD FORM OF UNION AGREEMENT?

YES

NO

14. TYPICAL CONTRACTS RECENTLY COMPLETED (LAST THREE YEARS)

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

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15. LIST MAJOR PROJECTS CURRENTLY UNDER CONTRACT

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

PROJECT:

LOCATION:

ARCHITECT:

CONTRACT AMOUNT:

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16. LARGEST BONDED CONTRACT COMPLETED OR IN PROGRESS

CONTRACT AMOUNT: _____

PROJECT: _____

LOCATION: _____

REFERENCES: _____

17. LIST CONSTRUCTION MANAGER(S) WITH WHOM YOU HAVE WORKED

NAME: _____

ADDRESS: _____

PERSON TO CONTACT: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PERSON TO CONTACT: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PERSON TO CONTACT: _____

PHONE NUMBER: _____

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18. CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS

HAVE YOU AT ANY TIME FAILED TO COMPLETE A CONTRACT? YES NO

ARE THERE ANY JUDGEMENTS, CLAIMS OR SUITS PENDING OR OUTSTANDING AGAINST YOU? YES NO

ARE YOU NOW OR HAVE YOU EVER BEEN, INVOLVED IN A BANKRUPTCY OR REORGANIZATION PROCEEDINGS? YES NO

PLEASE EXPLAIN ANY "YES" ANSWERS BELOW:

19. EXPERIENCE MODIFICATION RATING

PLEASE LIST CURRENT "EMR" AND ATTACH COPY OF MOST RECENT STATEMENT.

20. FINANCIAL STATEMENT

PLEASE ATTACH YOUR LAST TWO YEARS FISCAL YEAR-END AUDITED FINANCIAL STATEMENT, INCLUDING BALANCE SHEET AND INCOME STATEMENT.

SIGNATURE

TITLE

DATE