Subcontractor Prequalification

Completely Fill Out Prequalification.

Company Information

Company Name _____ Date _____

Address _____

_____

Phone (_____) _____ Fax (_____) _____

State License # (if applicable) _____ **Please provide copies of Licenses**

Minority Contractor ☐ YES ☐ No Type:_____ Certified by:_____

Bondable up to $_____ Bond Rate_____ ****Please provide copy of your bond letter****

Primary Contact

Contact Person _____ Cell Phone _____

Email _____

Type of Work

Experience with following - Please check

Describe the scope/product you provide

-

☐ Commercial
☐ Retail
☐ Restaurants
☐ Educational
☐ Medical
☐ Industrial
☐ Historical
☐ Financial
☐ Grocery
☐ Government
☐ Hospitality

Give names of specific projects you have completed _____

_____

_____

References

List 3 clients your company has worked for within the last 2 years

Contact Person_____ Job Name_____
Company_____ Phone (____) _____

Contact Person_____ Job Name_____
Company_____ Phone (____) _____

Contact Person_____ Job Name_____
Company_____ Phone (_____) _____

Please email to Erica emotley@madcocontracting.com.