



SUBCONTRACTOR PREQUALIFICATION FORM

Today's Date (MO/DAY/YEAR): _____ / _____ / _____

Person Completing Form:

Company Information

Company Name:

Contact Person(s):

Company Website:

President/Owner/Partner Name:

Other Contact Name/Title:

Address/City/State/ZIP:

Phone: (_____) _____ - _____ Contact Email:

Fax: (_____) _____ - _____ Other Contact Email:

Structure of Company

Corporation Sole Proprietor LLC Partnership General or Limited Joint Venture

Date of Establishment: _____ / _____ / _____ State Where Established:

List of states/metro areas in which authorized to do work (please include license # if applicable):

VA (License: _____)

MD (License: _____)

DC (License: _____)

Federal ID #: _____

Company Profile:

Subcontractor (Furnish & Install) []

Subcontractor (Install Only) []

Supplier (Materials Only) []

CSI Number(s): _____

SIC Number(s): _____

Gross Sales Last Fiscal Year: _____

Number of Employees: _____

Project Size: (Check all that apply)

\$250,000 or below []

\$251,000– \$499,000 []

\$500,000 – \$999,999 []

\$1,000,000 or more []

Types of Projects: (Check all that apply)

Schools []

Government []

Healthcare []

Hospitality []

Lodging []

Multi-Family []

Office []

Other: _____

Geographic Work Areas:

Northern VA []

Washington, DC []

Suburban MD []

Other []

List Company's Government Certifications if any: _____

Do you have experience with LEED/green buildings? Yes [] No []

Bonding & Insurance

Name of Bonding Agency: _____

Relationship Officer: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Bonding Capacity Single Job: \$ _____

Bonding Capacity Aggregate: \$ _____

Trade References:

Please list three trade/vendor references with whom you have worked for in the last year.

1. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

2. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

3. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

General Contracting References:

Please list three general contractors with whom you have worked for in the last year.

1. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

2. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

3. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

Credit Authorization

The submitter of this prequalification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration.

Dunn & Bradstreet # _____

Signature of Officer: _____

Date: _____

Return Completed Form To:

Advanced Construction Group

Subcontractor Prequalification

5617 Industrial Drive, Suite D

Springfield, VA 22151

FAX: 703-813-5561