



# Subcontractor Prequalification

Completely Fill Out Prequalification.

## Company Information

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Street Address

Suite #

City

State

ZIP Code

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

States Licensed/ will work in	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MO
	<input type="checkbox"/> MS	<input type="checkbox"/> NC	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> SC	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> VA

State License # (if applicable) \_\_\_\_\_

**\*\*Please provide copies of licenses\*\***

Minority Contractor  YES  NO

Type \_\_\_\_\_  
*i.e. women-owned, veteran-owned, etc.*

Certified by: \_\_\_\_\_

Bondable up to \$ \_\_\_\_\_

Bond Rate \_\_\_\_\_

**\*\*Please provide a copy of your bond letter\*\***

## Primary Contact

Contact Person \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

## Type of Work

Experience with following - Please check

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Historical  |
| <input type="checkbox"/> Retail      | <input type="checkbox"/> Financial   |
| <input type="checkbox"/> Restaurants | <input type="checkbox"/> Grocery     |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Government  |
| <input type="checkbox"/> Medical     | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Industrial  |                                      |

Describe the scope/product you provide

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Give specific names of projects you have completed

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## 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 Haylee at haylee@pc-const.com or you can fax it to 423-493-0058.  
Please be sure to include copies of your licenses and bond letter