



SUBCONTRACTOR QUALIFICATION FORM

Please complete all fields, insert N/A if question is not applicable. Please print or type.

COMPANY INFORMATION

Company: _____

Address: _____

Mailing Address: _____

Primary Contact: _____

Email: _____

Phone: _____

Fax: _____

Estimating Contact: _____

Email: _____

Phone: _____

Fax: _____

Contractor License #: _____

Uniform Business Identification #: _____

Business Type: Corporation Partnership Joint Venture Individual

Do you have any judgments, claims, arbitrations, suits or liens currently against your organization?

Yes No If yes, explain on a separate paper and attach to this form.

Design / Build Capabilities Yes No

MWBE Certification MBE WBE

Union Non-Union

Has your company worked on any state / federal (prevailing wage) projects? Yes No

Is your company interested in being solicited for state / federal projects?

Yes, we are interested No, only private work

Have you worked with Faber Construction before? Yes No

List all Washington counties that you are interested in working in: _____

List Trades typically performed by Bidder's own forces: _____

CSI	Description

REFERENCES

Supplier References – List three of your major suppliers:

Company	Contact	Phone #

Construction (General Contractor) References – List three contractors with which you do business:

Project Name	Contracting Company	Contact / Phone #	Contract Amount	Compl. Date

Bank Reference:

Bank Name	Contact	Phone #

SAFETY

Workers Compensation Experience Modification Rate (EMR):

Current Year: Last Year: 2 Years Ago: 3 Years Ago: 3 Year Average:

COMPANY OFFICE SIGNATURE

Name

Title

Signature

Date