



Subcontractor Pre-Qualification Information

**Please mail completed application back to PO Box 489, Cornelius, Oregon 97113
or Fax back to (503) 357-3649**

General Information

Is this prequalification form for a specific project? If so, please state the name of the project

Legal Name of Company:

Street Address:

Mailing Address:

Phone:

Fax:

Contact E-mail Address:

Web Address:

Geographic Work Areas:

Former Names Your Organization Has Operated Under: *(if applicable)*

Federal ID Number:

SIC Code:

Type of Company:

State of Incorporation:

Date of Incorporation:

Officers or Principals of Firm:

Oregon Contractors License:

Types of Valid Contracting Licenses and numbers:

Bonding Company:

Bond Rating:

Contact:

Telephone No:

Current Capacity:

Business Classification:

MBE:

WBE:

SBE:

DBE:

Have Principals ever had licenses suspended Yes No (if yes attach explanation)

Has your firm ever been suspended from a project Yes No (if yes attach explanation)

Insurance Information

Insurance Company (Not Agent) _____

Insurance Agent _____ Contact Name/Phone _____

Completed Projects

Please attach a list of similar completed projects within the past 3 years
Please include *Project Name – Location- Contract Amount- Owner – Date Completed*

Safety Information

1. Does your company have a documented safety policy? Yes No

2. Do you have a dedicated Safety Manager Yes No

If yes please list Name, Phone and e-mail address: _____

3. How often are jobsite safety meetings held? _____

4.. Are regular safety/housekeeping inspections conducted and documented? _____

5. Do you have an accident investigation procedure? _____

Please describe _____

6. Do you have a drug free workplace program? _____

7. Do you have a safety orientation program for new hires? _____

8. Do you offer refresher safety training to your employees? _____

Authorized Signature

Executed this _____ day of _____ In the
City of _____ County of _____
State of _____

Printed Name _____ Title: _____

Signature: _____