



**5029 West Grace St.**  
**Tampa, Florida 33607**  
**PH - 813-282-1179 Fax 813-282-0461**  
**SUBCONTRACTOR QUALIFICATION FORM**

<b>Company Information:</b>			
Company Name	Main Phone #	Main Fax #	
Address			
City	State	Zip	Fed ID#

Principal Contact	Contact Title	Phone	
		Fax	
		Cell	
Estimating Contact	Contact Title	Phone	
		Fax	
		Cell	

Years in Business
# of Employees
Avg. Project Size

Max Project Size
Can Furnish a P&P Bond
Yes <input type="checkbox"/> No <input type="checkbox"/>
Avg. Annual Work Value

Select the type of projects for which your Company typically performs work		
Education	Hotel	Restaurant
Government	Industrial	Retail
Healthcare	Office	Remodel

Select the geographic regions where your company is properly licensed, will provide quotes and will perform work.		
Central West Coast (Tampa)	Central (Orlando)	Sarasota, Bradenton, Venice
Northeast (Jacksonville)	South (Miami)	Panhandle (Tallahassee)

List the Division/Trade of work that your organization normally performs.		

**References** (Provide 3 major supplier trade references)

Company Name	Contact Name	Phone	Fax

**Project Experience** (Provide info on all active/incomplete projects in the last 12 months, can attach seperately)

Current Projects/Location	Contractor	Contractor Contact	Value

Past Projects/Location	Contractor	Contractor Contact	Value

Financial		
\$	\$	\$
Annual Volume - Prior Year	Annual Volume - 2 Years Prior	Annual Volume - 3 Years Prior

Please attach copies of State License & County License

Please attached Insurance Certificate (see sample certificate attached for requirements)

\_\_\_\_\_  
 The undersigned certifies that the information provided herein is a clear and accurate representation of this organizations background.

\_\_\_\_\_  
 Information supplied by (Please Print)

\_\_\_\_\_  
 Title Date

Please have this form as well as any associated documents emailed to [estimating@wichmanconstruction.com](mailto:estimating@wichmanconstruction.com)