

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

Company Information:			
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	Max Project Size	]	Select the type of projects for which your company typically performs work.
# Of Employees	Can Furnish a P&P bond		Education Hotel Restaurant
Avg. Project Size	Avg. Annual Work Value	]	Healthcare Office Remodel
Select the geographic rea	gions where your company is properly li	censed, will p	rovide quotes and will perform work.
Central West Coast (Tampa)	Central (Orlando)		Sarasota, Bradenton, Venice
Northeast (Jacksonville)	South (Miami)		Panhandle (Tallahassee)

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

Company Name	Contact Name	Phone	Fax

Current Projects/Location	Contractor	Contractor Contact	Value
Past Projects/Location	Contractor	Contractor Contact	Value
Past Projects/Location	Contractor	Contractor Contact	Value
Past Projects/Location	Contractor	Contractor Contact	Value
Past Projects/Location	Contractor	Contractor Contact	Value
Past Projects/Location	Contractor	Contractor Contact	Value
Past Projects/Location	Contractor	Contractor Contact	Value

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

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

Please attach copies of State License, County License

Please attach Insurance Certificate (See sample certificate attached for requirements)

The undersigned certifies that the information provided herein is a clear and accurate representation if this organization's background.

Information supplied by (Please Print)

Title

Date