



Subcontractor Prequalification Form

Please complete the following information and fax to (301) 738-1311

Contact Information

Company _____
Contact Person, Title _____
Address _____
Email Address _____
Tel. # _____
Fax # _____
President/Principle _____
Citizenship _____
Year Established _____
Number of Employees _____

Company Information

Annual Gross Revenue (Last 3 years) _____
Do you qualify as any one of the following: _____
 Minority Owned _____
 Woman Owned _____
 Veteran Owned, if yes, disabled veteran? _____
 Disadvantaged Business _____
 HUBZone Business _____
M/W/SDBE Certification _____

References

Bank Reference _____
 Address _____
 Contact Person _____
 Tel # _____
 Email Address _____

Trade/Supplier Reference _____
 Address _____
 Contact Person, Title _____
 Tel # _____
 Email Address _____

Dun & Bradstreet # _____

Bonding Information

Bonding Company _____
Bonding Limit _____
Total Bonding Program _____

Bid Range in Dollar Amount _____
Division/Specification Section Bid _____

Capabilities & Equipment

Please provide a brief narrative detailing your capabilities. Include any pertinent information regarding special equipment and materials.

Past Experience

Provide at least 2 Project References

Project Name _____
Address _____
Contact Person & Title _____
Tel # _____
Email _____

Project Name _____
Address _____
Contact Person & Title _____
Tel # _____
Email _____

Project Name _____
Address _____
Contact Person & Title _____
Tel # _____
Email _____