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SUBCONTRACTOR PRE-QUALIFICATION FORM

Company Name: _____ License # _____

Contact Person for Bid Requests: _____

Address: _____

Telephone: _____ Email: _____

Type of Work Qualified to Perform: _____

Specific Geographical Area(s) Where You Work: _____

Website: _____ Year Business Started: _____ Union Affiliation: _____

Jobs Run @ Time: _____ Average Subcontract Amount \$ _____

Do you have a Service Department? YES NO Do you have 24 hr coverage? YES NO

Are there any judgments, claims, arbitration proceedings, OSHA citations or suits pending/outstanding against your firm or filed by your firm? YES NO

If yes, please provide a complete explanation on a separate sheet.

References (Owner, Architects, and General Contractors for work completed within the last 2 years):

Project: _____ Company: _____

Telephone: _____ Email: _____ Your Contract \$ _____

Project: _____ Company: _____

Telephone: _____ Email: _____ Your Contract \$ _____

Experience: Has your company had experience with LEED projects? YES NO

Additional Information:

Please list any additional information you feel will help us determine your company's qualifications and expertise _____

I hereby certify that the above information is accurate, correct and true.

Completed By: _____ **Date:** _____