

DUCON

SUBCONTRACTOR PREQUALIFICATION

GENERAL

SPECIALTY/SCOPE/DIVISIONS PERFORMED:

Firm Name:	
Street Address and/or P.O. Box:	
City, State, Zip:	
Firm Website Address:	
Phone:	
FL Contractor License #:	
# of Years in Business:	
Management Contact	Phone: Cell: Email:
Estimating Contact	Phone: Cell: Email:
Accounting Contact	Phone: Cell: Email:
Scheduling Contact	Phone: Cell: Email:

BONDING

Surety Company	
Bonding Capacity	
Value of Present Work	

SCOPE OF SERVICES

Geographic Area of Service	
Average Annual Volume	
Volume of work in 2013	

LIST 3 SUPPLIER REFERENCES

1	Contact Phone/Fax
2	Contact Phone/Fax
3	Contact Phone/Fax

LIST 3 OWNERS, GENERAL CONTRACTORS, or CONSTRUCTION MANAGERS YOU HAVE WORKED FOR WITHIN THE LAST 2 YEARS

1	Contact Phone/Fax
2	Contact Phone/Fax
3	Contact Phone/Fax

LIST THREE MOST SIGNIFICANT PROJECTS COMPELTING IN THE LAST FIVE YEARS

Divisions Performed _____





SUBCONTRACTOR PREQUALIFICATION

(not including projects listed on previous page)

#1 Project Name	
Project Location	
Architect	Contact Phone/Fax
GC/CM or Owner	Contact Phone/Fax
\$	
Contract Amount	Targeted Completion Date:

#2 Project Name	
Project Location	
Architect	Contact Phone/Fax
GC/CM or Owner	Contact Phone/Fax
\$	
Contract Amount	Targeted Completion Date:

#3 Project Name	
Project Location	
Architect	Contact Phone/Fax
GC/CM or Owner	Contact Phone/Fax
\$	
Contract Amount	Targeted Completion Date:

Is your firm a M/W/D/SDV BE registered with any governmental (state, county, or local agency)

___ YES ___ NO

If "YES" please attach a copy of your current certification certificate

Is your firm Section 3 certified?

___ YES ___ NO _____ Indicate Housing Authority

If "YES" please attach a copy of your current certification certificate

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature

Name

Title

Date

Divisions Performed _____

