



**Company and Contact Information**

Company's legal name \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Trade or Scope \_\_\_\_\_

Number of office employees \_\_\_\_\_ Number of field employees \_\_\_\_\_

Year established \_\_\_\_\_ State where established \_\_\_\_\_

Structure (corp, sole partnership, etc) \_\_\_\_\_

Main office address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Nevada office address (if different than above) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Other locations (list city & state) \_\_\_\_\_

**Principals**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Qualification main contact (for follow-up on this form) Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Estimating main contact (for bid related correspondence) Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_



# Subcontractor Qualification Application

FORM 703.1

## Industry Information

Contractors License(s)

NV State License No. & Class \_\_\_\_\_ Limit \$ \_\_\_\_\_ Expiration \_\_\_\_\_

CA State License No. & Class \_\_\_\_\_ Limit \$ \_\_\_\_\_ Expiration \_\_\_\_\_

Other state licenses \_\_\_\_\_

Have any of your company's licenses ever been revoked or suspended?  Yes  No

If Yes, please explain (include dates) \_\_\_\_\_

Has your company been disciplined or fined by another state or federal agency for conduct that relates to contracting or construction?  Yes  No

If Yes, please explain (include dates) \_\_\_\_\_

Preferred geographical work areas \_\_\_\_\_

Minority, Small, or Disadvantaged Business Status (if none enter "none") \_\_\_\_\_

## Current Workload and Schedule

<u>Project Name</u>	<u>Location</u>	<u>Contractor</u>	<u>Contract \$</u>	<u>Anticipated Completion</u>





**References**

List 3 trade references with whom you have worked in the last year

<u>Name</u>	<u>Address</u>	<u>Contact</u>	<u>Phone</u>

List 3 General Contractors with whom you have worked in the last year

<u>Name</u>	<u>Address</u>	<u>Contact</u>	<u>Phone</u>

List any Union Agreements you are signatory to \_\_\_\_\_

**Safety Information**

	<u>Current Year</u>	<u>Last Year</u>	<u>Two Years Ago</u>
Experience Modification Rate	_____	_____	_____
If EMR is exactly 1.0 please explain	_____		
Self insured for Workers Comp?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a written safety plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
OSHA 300 Information <i>(use logs to complete)</i>	<u>Last Year</u>	<u>Two Years Ago</u>	<u>Three Years Ago</u>
Number of lost workday cases	_____	_____	_____
Number of restricted workday cases	_____	_____	_____
Number of injuries-illnesses recordable	_____	_____	_____
Number of fatalities	_____	_____	_____
Total number of man hours worked	_____	_____	_____
Do you have a Drug Testing Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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## Financial Information

### Volume & Backlog

**Enclose** last fiscal year's **financial statements** (Income Statement and Balance Sheet)

Average annual volume \$ \_\_\_\_\_ NV Contractor's License limit \$ \_\_\_\_\_

### Largest Contract

Last year \$ \_\_\_\_\_ General Contractor \_\_\_\_\_

Two years ago \$ \_\_\_\_\_ General Contractor \_\_\_\_\_

Three years ago \$ \_\_\_\_\_ General Contractor \_\_\_\_\_

Work currently under contract \$ \_\_\_\_\_ Backlog volume \$ \_\_\_\_\_

### Banking

**Enclose bank letter** of reference attesting the account is in good standing (you are not required to provide bank balance or account numbers)

Primary bank name \_\_\_\_\_

Bank officer's name \_\_\_\_\_ Phone \_\_\_\_\_

Line of credit \$ \_\_\_\_\_ Unused portion \$ \_\_\_\_\_ Expiration date \_\_\_\_\_

### Bonding

**Enclose a bonding company statement** (not your broker or insurance company) attesting to capacity and limits (indicate if none)

Bonding capacity Single job \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Largest bond obtained in the last 3 years \$ \_\_\_\_\_

Bonding co \_\_\_\_\_ Contact person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Broker \_\_\_\_\_ Contact person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Bonding company best rating \_\_\_\_\_

Is your bonding company treasury listed?  Yes  No

### Other

Federal tax ID \_\_\_\_\_



**Litigation Information**

*Please attach a separate letter to this form to explain any "YES" answers.*

- 1. Has your company been terminated from a contract before completion?  Yes  No
- 2. Has your firm been declared to be in default on any contract before completion?  Yes  No
- 3. Has a settlement been paid by your firm in excess of \$25,000?  Yes  No
- 4. Has there been a judgment rendered for breach of contract in the last 5 years?  Yes  No
- 5. Has the company been disqualified from being awarded a contract by a public body?  Yes  No
- 6. Has the company been convicted of a violation for discrimination in employment in the 2 years preceding the date of application?  Yes  No
- 7. Has the company ever been fined by a state contractor's board or another state or federal agency?  Yes  No
- 8. Has your company filed as debtor under the provisions of the United States Bankruptcy Code within the last 5 years?  Yes  No
- 9. Has your company forfeited any bonds posted by the company in the last 5 years?  Yes  No
- 10. Have liquidated damages been assessed against your firm in the last 5 years?  Yes  No
- 11. In the last 10 years, has your firm or any of its owners, officers or partners, been found liable in a civil suit, or convicted/found guilty in a criminal action: (a) involving the awarding of a contract of a government construction project, (b) involving the bidding or performance of a government contract, (c) involving fraud, theft or any other act of dishonesty, including but not limited to the Federal False Claims Act?  Yes  No

**Applicant's Certification**

I, the undersigned, as an Owner or Officer of the applicant company, certify and declare that I know the contents of all documents submitted pursuant to the Q&D Subcontractor Qualification process, have read the foregoing answers to the Qualification Form 703.1, and enclosed required attachments and know their contents. The matters contained in, or submitted pursuant to the Qualification Form 703.1 and all documents submitted herewith, are true of my own knowledge and belief. I declare that the foregoing is true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_