



Vendor Qualification

Date: _____

Trades of Work:	
-----------------	--

Company Name:			
Complete Address:			
Contact Name:			
Phone Number:		Cell Number:	
Contact Email:			
Type of Company:	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Other		

Date Formed:	Number of Employees:	Office:	Field:
Labor Affiliation:	<input type="checkbox"/> Union <input type="checkbox"/> Open Merit Which Unions:		

Is your Company Certified:	<input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE
----------------------------	--

Revenue Last 3 Years:	Work Under Contact:
Last Year:	Uncompleted Backlog:
2 Years Ago:	Average Project Size:
3 Years Ago:	Size of Project Preferred:

Completed Projects: List 4 projects in the last 3 years.			
Name of Project	General Contractor	Contract Amount	Completion Date

Are you able to Bond Projects?	Bonding Rate:
List your Experience Modification Rate (EMR) for the Last 3 years:	