

# Commercial Construction

## Construction Services • General Contractor

CONTRACTOR LICENSE OREGON: 170372  
CONTRACTOR LICENSE WASHINGTON: COMMECD945PU  
CONTRACTOR LICENSE IDAHO: RCE-21962  
PO BOX 550, GRESHAM, OREGON 97030-0134

OFFICE: (866) 390-7900  
FAX: (866) 422-2900  
[www.CommercialConstructionSite.com](http://www.CommercialConstructionSite.com)

### SUBCONTRACTOR PRE-QUALIFICATION

All subcontractors are required to complete this form. The contents of this form will be considered confidential and used solely to determine your firm's qualifications, and will not be disclosed to the project staff. Please email this completed form, to [alen@alencallahan.com](mailto:alen@alencallahan.com) or fax to (866) 422-2900

#### GENERAL INFORMATION

Legal Name of Business:

Street Address, City, State, Zip:

Mailing Address, City, State, Zip:

Phone 1:

Phone 2:

Fax:

Primary Contact:

Billing Contact:

Administrative Contact:

Other Contact:

Contractors License Number:

State:

Contractors License Number:

State:

#### ORGANIZATION

Please indicate your firm's legal structure:

This firm is a:    C Corporation    S Corporation    Partnership    Sole Proprietor  
                         Limited Liability Company

Federal Employer Identification Number:

Principals:

Name:

Title:

Age:

Years in Position:

Name:

Title:

Age:

Years in Position:

Name:

Title:

Age:

Years in Position:

#### WORK CLASSIFICATION

Please list the type(s) of work you are interested in bidding:

Please list the geographic areas you prefer to work in:

#### WORK EXPERIENCE

Please attach a list of the major projects your firm currently has in progress showing the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete and scheduled completion date, and contact person.

Please attach a list of the major projects your firm has completed in the last three years showing the project name, location, owner, architect/engineer, general contractor, contract amount and completion date, and contact person.

**FINANCIAL INFORMATION**

Please attach your firm's most current financial statements (audited, if available), for the entity that will be signing the subcontract.

**REFERENCES**

Bank: Contact: Telephone: Acct#:

Bonding Company: Agent: Name:

Address: Phone:

Bonding Capacity: \$ Per Project: \$ Aggregate: \$

Date, amount, and type of last bond issued:

Bond Rate: \$

Vendor Name: Contact Person: Phone:

**SUBCONTRACTOR PROFILE**

Current Number of office employees: Field Employees:

Does your firm operate as a Union shop? Yes No Merit shop? Yes No

**SAFETY, HEALTH, AND ENVIRONMENTAL**

Please list your firm's Workers Compensation Interstate Experience:

Modification Rate:

Does your company have a written safety program? Yes No

**INSURANCE**

SEE SAMPLE FOR REQUIREMENTS

**ADDITIONAL INFORMATION**

Please list any additional information that you feel will help us determine your firm's qualifications and expertise:

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**This Subcontractor Pre-qualification was completed by:**

Name: Title: Date: