



- COMMERCIAL
- INDUSTRIAL

SUBCONTRACTOR PRE-QUALIFICATION FORM

Company Information					
Company Name					
Street Address				Suite/Unit #	
City			State	Zip	
Phone		Fax		E-mail	
Principal Contact			Title		
Phone			Email		
Estimating Contact			Title		
Phone			Email		
Years in Business			# of Employees		
Average Project Size (Value)			Maximum Project Size (Value)		
Labor Type	Non-union <input type="checkbox"/>		Union <input type="checkbox"/>		Both <input type="checkbox"/>
List all trades performed by your company:					
Select the type of projects that your company specializes in (check all that apply)					
Retail <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Government <input type="checkbox"/>	Education <input type="checkbox"/>		
Industrial <input type="checkbox"/>	Remodels <input type="checkbox"/>	Healthcare <input type="checkbox"/>	Hospitality <input type="checkbox"/>		
List all states that your company is licensed in, including license numbers:					
References					
Company Name			Contact		Phone
Company Name			Contact		Phone
Company Name			Contact		Phone
Company Name			Contact		Phone
Disclaimer and Signature					
<i>I certify that my answers are true and complete to the best of my knowledge.</i>					
Signature:				Date:	
RETURN VIA EMAIL TO darcy@nemoconstructors.com					