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CONTRACTOR LICENSE# 914811

SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

COMPANY INFORMATION (Please provide information for additional offices on a separate form)

Company Name: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Street Address: _____

City & State: _____

ZIP Code: _____

Member of a UNION? Yes No Both

Union Affiliation(s): _____

Type of Business Enterprise: Minority Small Business Woman-Owned Disadvantaged Disabled Vet. None

COMPANY STRUCTURE

Corporation Sole Proprietor LLC Partnership General or Limited Joint Venture

KEY PERSONNEL

Person to Receive Bid Invitations: _____

President or Owner: _____

Chief Estimator: _____

Operations Manager: _____

PRIMARY TRADE (List CSI or UCI Code, if known [i.e., 16050 Electrical, 03300 Concrete])

PROJECT TYPE WILLING TO BID

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> All Types | <input type="checkbox"/> Retail – Type V | <input type="checkbox"/> Educational | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Retail – Type I | <input type="checkbox"/> Public |
| <input type="checkbox"/> CM/Multi-Prime | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Multi-Family | |

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GENERAL INFORMATION

Company Name: _____
Date Established: _____ License No.: _____
Number of Employees: _____ Firm Organization: _____
Bank Reference: _____ Telephone: _____
Bank Account No.: _____
Bonding Reference: _____ Telephone: _____
Bonding Rate: _____ % Bond Capacity: _____
Liability Insurance By: _____ Telephone: _____
General Aggregate: \$ _____ Excess Liability: \$ _____
Workers Compensation By: _____ Telephone: _____
Experience Modification: _____ Telephone: _____

SAFETY

Drug Program: Yes No Safety Program: Yes No Safety Manager: Yes No

TRADE REFERENCES

#1 – Company: _____ Contact: _____
Telephone: _____ Fax: _____ Annual Purchase Amount: _____
#2 – Company: _____ Contact: _____
Telephone: _____ Fax: _____ Annual Purchase Amount: _____
#3 – Company: _____ Contact: _____
Telephone: _____ Fax: _____ Annual Purchase Amount: _____

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PROJECT REFERENCES

#1 - Project: _____ Contractor: _____
Date Completed: _____ Contact: _____
Contract Value: \$ _____ Phone Number: _____
Comments: _____

#2 - Project: _____ Contractor: _____
Date Completed: _____ Contact: _____
Contract Value: \$ _____ Phone Number: _____
Comments: _____

#3 - Project: _____ Contractor: _____
Date Completed: _____ Contact: _____
Contract Value: \$ _____ Phone Number: _____
Comments: _____

****Please attach any additional References, Brochures, Letters of Recommendation or Financial Information that further qualify your company.***

THANK YOU FOR PROVIDING US THIS INFORMATION

Once Completed, please mail or deliver to, along with supporting materials :
Offley and Sullivan Construction, Inc.
Attn: Sub App
13446 Poway Road, Suite 411
Poway, California 92064

FOR OSC OFFICE USE ONLY					
References Checked:	<input type="checkbox"/> Yes	Added to List:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved to Bid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized by:	_____		Date:	_____	
Comments:	_____				