

CONTRACTOR PREQUALIFICATION APPLICATION

---

---

1.  First time submitting a contractor application to this Agency.

Previously determined an eligible contractor now seeking re-qualification. Reason for inactivity:

---

---

---

---

2. Company Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Land Telephone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Tax ID or Social Security #: \_\_\_\_\_

Website \_\_\_\_\_

General Contractor       Trade Contractor       Professional Licensed Contractor (Plumber, Electrician)

3. Company Contacts:

Principal \_\_\_\_\_ Sales \_\_\_\_\_

Estimating \_\_\_\_\_ Operations \_\_\_\_\_

4. Type of contracting normally preformed? Ex; General Contractor, Electrician, Plumber, Masonry, Roofing, Painting, Signs, Awnings, Glass and Mirror, Storefront or Facade Renovations, Retail or Residential Contracting, etc...

5. Company Structure:

Corporation Type \_\_\_\_\_

Date of Incorporation \_\_\_\_\_

State of Incorporation \_\_\_\_\_

President \_\_\_\_\_

Secretary \_\_\_\_\_

Vice President(s) \_\_\_\_\_

Individual \_\_\_\_\_ or Partnership \_\_\_\_\_. Name and address of partners (indicate limited or general):

---

---

---

CONTRACTOR PREQUALIFICATION APPLICATION

---

---

6. Indicate if company is a certified:

Minority business enterprise Yes \_\_\_\_\_ No \_\_\_\_\_ Certifying authority \_\_\_\_\_  
Woman's business enterprise Yes \_\_\_\_\_ No \_\_\_\_\_ Certifying authority \_\_\_\_\_  
Small business enterprise Yes \_\_\_\_\_ No \_\_\_\_\_ Certifying authority \_\_\_\_\_

7. Total number of year's company has been in business under current name: \_\_\_\_\_

8. Indicate any other name which company has or is operating under:

Name	_____	Years	_____
Name	_____	Years	_____
Name	_____	Years	_____

9. Estimated Value of work normally contracted per contract \$ \_\_\_\_\_ to \$ \_\_\_\_\_

10. Estimated value of work completed in the last 12 months \$ \_\_\_\_\_ How many contracts: \_\_\_\_\_

11. Estimated value of work backlogged through next 12 months \$ \_\_\_\_\_ How many contracts: \_\_\_\_\_

12. Indicate current number of full-time employees:

Management: \_\_\_\_\_ Clerical: \_\_\_\_\_ Labor: \_\_\_\_\_ Total number of full-time employees: \_\_\_\_\_

CONTRACTOR PREQUALIFICATION APPLICATION

---

---

13. Bonding Information:

Is company bonded? Yes  No  If yes, complete surety information below. Please note bonding is not necessary.

Surety Company

Address

Agent

Address

Contact

Telephone

Bonding capacity

\$

Current value of bonded work

\$

14. Bank References:

Business account

Payroll account

Bank

Address

Contact

Phone

15. Has company ever defaulted on a contract?  Yes  No If Yes, please give details below.

CONTRACTOR PREQUALIFICATION APPLICATION

---

---

16. Attach to this application copy of current:

1. Nassau County Contractors license.
2. Current copies of Workers Compensation and liability Certificates.
3. Copy of corporation papers, letterhead, and business card.
4. If available copy of 24 CFI Part 13.1330 (a) (4) certificate of lead Safe Work Practice Training. You may obtain this training certification from, Lew Cooperative (800) 783-0567, Cornell University ILR (716) 852-4191, Environmental Education Association (888) 436-8338, Big Apple Occupational Safety Corp. (212) 564-7656 or in your opinion a training organization of your choice.

17. Complete the following project, business, and personal references for current projects and projects completed within the last three to five years. Duplicate these pages if you require additional space for references.

17.1 Project Reference:

Complete       Current

Contract Type:     Prime contract     Subcontract     Sub sub contract     Vendor

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Describe Project: \_\_\_\_\_ Percent Complete: \_\_\_\_\_

Address: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_

Project Description: \_\_\_\_\_

Description of Work: \_\_\_\_\_

General Contractor: \_\_\_\_\_

General Contractor Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email \_\_\_\_\_

CCONTRACTOR PREQUALIFICATION APPLICATION

---

---

17.2 Project Reference:

Completed  Current

Contract Type:     Prime contract     Subcontract     Sub sub contract     Vendor

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Describe Project: \_\_\_\_\_ Percent Complete: \_\_\_\_\_

Address: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_

Project Description: \_\_\_\_\_

Description of Work: \_\_\_\_\_

General Contractor: \_\_\_\_\_

General Contractor Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email \_\_\_\_\_

17.3 Project Reference:

Completed  Current

Contract Type:     Prime contract     Sub contract     Sub sub contract     Vendor

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Describe Project: \_\_\_\_\_ Percent Complete: \_\_\_\_\_

Address: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_

Project Description: \_\_\_\_\_

Description of Work: \_\_\_\_\_

General Contractor: \_\_\_\_\_

General Contractor Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email \_\_\_\_\_

CONTRACTOR PREQUALIFICATION APPLICATION

---

---

17.4 Project Reference:

Completed     Current

Contract Type:     Prime contract     Subcontract     Sub-sub-contract     Vendor

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Project: \_\_\_\_\_ Percent Complete: \_\_\_\_\_

Address: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_

Project Description: \_\_\_\_\_

Description of Work: \_\_\_\_\_

General Contractor: \_\_\_\_\_

General Contractor Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email \_\_\_\_\_

17.5 Business Reference:

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address/Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Type of Business Interaction: \_\_\_\_\_

CCONTRACTOR PREQUALIFICATION APPLICATION

---

---

17.6 Business Reference:

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address/Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Type of Business Interaction: \_\_\_\_\_

CONTRACTOR PREQUALIFICATION APPLICATION

---

---

17.7 Business Reference:

Contact Person: \_\_\_\_\_  
Position: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address/Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Type of Business Interaction: \_\_\_\_\_

APPLICANTS STATEMENT:

Every statement made in this application is true and correct and has been submitted and completed with the understanding the Agency will rely on it. If anything arises which changes any statements made herewith, we will promptly notify your Agency.

You may contact any or all persons or businesses I have submitted herewith requesting their comments and recommendations.

Company Name: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Print Signed Name and Position: \_\_\_\_\_  
Date: \_\_\_\_\_