



Certified General Contractor, License CGC1522435

TRADE CONTRACTOR PRE-QUALIFICATION FORM

Date:	Bid Package #:
Project:	Bid Package Title:

General Information:

Firm name:	Primary Contact:
Address:	Phone:
City/State/Zip:	Email:

Firm History:

Type of work:	Years in business:
Florida License #:	# of Permanent employees:
Work normally performed by permanent employees:	
Work typically subcontracted to others:	

Has your firm failed to complete a project?	Y	N
Has your firm failed to meet the GC/CM project schedule?	Y	N
Has your firm been assessed back charges for project delays?	Y	N
Has your firm (or any of its principle(s)) been involved in bankruptcy or reorganization?	Y	N
Has your firm (or any of its principle(s)) been involved in any judgments/claims/suits?	Y	N
Does your firm (or any of its principle(s)) have any pending judgments/claims/suits?	Y	N
Does your firm comply with Equal Employment Opportunity (EEO) requirements?	Y	N
Does your firm have a written safety program?	Y	N
Does your firm have a written hazardous communication program?	Y	N
Does your firm have any OSHA citations/warnings? If yes, attach related information.	Y	N
Is this firm a Minority Business Enterprise? If yes, provide attach related information.	Y	N



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Financial Information:

Value of work completed in last 3 years: \$
Value of work completed last year: \$
Value of work currently under contract: \$
Value of work currently under contract but not yet started: \$
Bank:
Address/City/State/Zip:
Contact name:
Contact phone#/email:

Bonding Information:

Bonding limit per project:	Agent:
Total aggregate bonding capacity:	Phone #:
Value of work presently bonded:	Address:
Surety:	Email:

Insurance:

Insurance company:	Address:
Agent:	City/State/Zip:
Phone #:	Email:

References:

Major Material Suppliers:

Company:	Company:
Contact:	Contact:
Phone #/Email:	Phone #/Email:



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General Contractors:

Company:	Company:
Contact:	Contact:
Phone #/Email:	Phone #/Email:

Experience: List three most relevant projects:

Project title:	Amount of contract:
Project location:	GC/CM contact:
Completion date:	GC/CM phone #:

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Current contracts in progress:

Project Name	GC/CM Contact	Contract Amount	% Complete	Completion Date



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Attachments:

- State of Florida Corporation and FEIN number, and specialty contractor’s occupational license and any special certifications.
- Certificate of current Workman’s Compensation and Liability Insurance.
- Affidavit by contractor that he possesses sufficient fast track capacity, including manpower and available equipment to mobilize and keep schedule. Indicate number of full-time employees under continuous employment for previous five (5) months.
- Letter of qualification for Bid, Performance and Payment Bond from bonding company for this specific project. Indicate bond limit.

I hereby certify that the above information is true and complete to the best of my knowledge:

(Signature)	(Name)	(Title)	(Date)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by (name of person acknowledging).

(Signature of Notary Public-State of Florida)

(NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced:
