



**SUBCONTRACTORS PRE-QUALIFICATION**

All prospective Subcontractors interested in working on Tri State General Contractors, Inc. projects are required to complete this Questionnaire. **The contents of this Questionnaire are Confidential, used solely to determine your firm's qualifications, and will not be disclosed to others.**

**COMPANY CONTACT INFORMATION**

Business Name					
Principal Contact Person and Title:					
Street Address:					
City:		State:		Zip:	
Area Code/Telephone number:( )			Fax number: ( )		
Email:		Email for bids:			
Website Address:					
Up to what size single project amount do you want to be prequalified for? \$					
Year Established:			State of Incorporation:		
Number of Employees:			DUNS Number:		
NAICS Codes (Top 3 by Revenue):					
Federal Tax ID Number:					
Business Type:					
Corporation	Partnership	Limited Liability	Company	Sole Proprietor	Other
Other Specify:					

**BUSINESS INFORMATION**

**Ownership (constituting more than 5%)**

Name	Age	% Ownership	Position/Duties	Years of Construction Experience

Are owners active in daily business? Yes  No

How many years in business under present ownership: \_\_\_\_\_

What trades of work do you usually perform with your own forces? \_\_\_\_\_

What percent (%) of work is done by your own workforce? \_\_\_\_\_

Total number of permanent staff presently employed by firm: \_\_\_\_\_

Geographic region you cover: \_\_\_\_\_

**LICENSING INFORMATION**

**Please provide a copy of all trade and professional licenses (attach separate page if necessary).**

Classification of License/Name of Licensee	State	License Number