



TRADE CONTRACTOR QUALIFICATION FORM

DATE: _____

PRINCIPLE OFFICE: ()Corporation ()Partnership ()Individual ()Joint Venture ()Other

TYPE OF WORK: _____

GENERAL INFORMATION

Name of Firm: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Website Address: _____

CONTACT INFORMATION

Corporate Officers: President _____
Vice President _____
Secretary _____
Treasurer _____

Authorized Signers: Checks _____
Releases _____
Other _____

Estimating Contact Person(s): _____

Phone / Email: _____

ORGANIZATION

1. How many years has your organization been in business as a Contractor? _____ years
2. How many years has your organization been in business under its present business name? _____
 - a. Under what other or former name(s) as your organization operated? _____



- 3. Number of employees: _____
- 4. Number of leased employees: _____
- 5. Do you subcontract work or self perform: _____

LICENSING

Florida Contractors License Number(s): _____

List the jurisdictions (County / State) in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable.

HISTORY AND EXPERIENCE

Has the Firm ever:

- 1. Failed to complete a project? () Yes () No
- 2. Been involved in Bankruptcy or Re-organization? () Yes () No
- 3. Pending Judgments, Suits? () Yes () No
- 4. Filed any law suits or requested arbitration with regard to construction contracts within the last five years? () Yes () No

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? () Yes () No

**If answer is Yes, please submit details on a separate sheet.*

FINANCIAL INFORMATION

Federal Tax ID # _____

Volume of Work Completed in the Last Three (3) Years:

2014: _____
 2015: _____
 2016: _____



Work Currently Under Contract: \$ _____

Name of Bank: _____

Phone Number: _____

Contact: _____

BONDING

Does the Firm have Bonding capabilities? () Yes () No

** If yes, please answer the following:*

Bonding limit per project: \$ _____

Total Aggregate Bonding Limit: \$ _____

Value of Work presently Bonded: \$ _____

Bonding Agent:

Company: _____

Address: _____

Phone No.: _____ Contact: _____

M.B.E. CLASSIFICATION

Is the Firm a Minority Business Enterprise (MBE), certified with the State of Florida Department of Labor and Employment Security? () Yes () No

**If Yes, please indicate the Classification Code and attach a copy of certification.*

Classification Code(s): _____

Classification Code(s): _____

Other than the above, is the Firm a Minority Business Enterprise (MBE), certified with Local, Federal/Military or any other State? () Yes () No

**If Yes, please indicate the Classification Code and attach a copy of certification.*

Classification Code(s): _____

Classification Code(s): _____



SAFETY

1. Does Firm have a written Safety Program? () Yes () No
2. Does Firm have a written Hazardous Communication Program? () Yes () No
3. Has the Firm ever been cited by OSHA within the Last 3 years? () Yes () No

**If answered Yes to #3, please submit details on a separate sheet.*

REFERENCES

Material Suppliers:

Name: _____
Address: _____
Phone No.: _____ Contact: _____

Name: _____
Address: _____
Phone No.: _____ Contact: _____

General Contractor:

Name: _____
Address: _____
Phone No.: _____ Contact: _____

Name: _____
Address: _____
Phone No.: _____ Contact: _____

List five (5) of the Firm's largest projects currently under construction and/or completed in the last 2 years:

Project Name: _____
Location: _____
General Contractor: _____
Contact: _____
Phone Number: _____
Contract Amount: \$ _____



Project Name: _____
 Location: _____
 General Contractor: _____
 Contact: _____
 Phone Number: _____
 Contract Amount: \$ _____

Project Name: _____
 Location: _____
 General Contractor: _____
 Contact: _____
 Phone Number: _____
 Contract Amount: \$ _____

Project Name: _____
 Location: _____
 General Contractor: _____
 Contact: _____
 Phone Number: _____
 Contract Amount: \$ _____

Project Name: _____
 Location: _____
 General Contractor: _____
 Contact: _____
 Phone Number: _____
 Contract Amount: \$ _____

List the type of work that best describes your firm: (I.e. Multi-family; Education; Hospitality, Government, Etc.)

I hereby certify to the best of my knowledge that the information provided on this form is true and complete.

Dated this _____ day of _____, 20____.

Signature

Printed Name & Title

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public: _____
My Commission Expires: _____