



Subcontractor Information Form

General Information

Company Name: _____
 Mailing Address: _____ Phone: _____
 City/State/Zip: _____ Fax: _____
 Primary Contact: _____ Title: _____
 Email: _____ Cell: _____

Company Information:

Corporation Partnership Individual LLC

Owner/Officer's Name: _____
 Federal Tax ID: _____ UBI#: _____
 Dept. of L&I #: _____ Employment Security #: _____
 Contractor's Registration: _____ Expiration Date: _____

Safety Information:

Year	EMR	Recordable Incidents	Lost Workday Cases	Hours Worked

References:

Insurance Company's Name: _____
 Agent's Name and Phone: _____
 Bonding Company Name: _____
 Contact Name and Phone: _____
 Aggregate Capacity: _____ Single Project Capacity: _____
 Bank Information – Bank/Branch: _____
 Contact and Phone: _____

Credit References:

1. Name: _____ Phone: _____
 2. Name: _____ Phone: _____
 3. Name: _____ Phone: _____

Customer References:

1. Name: _____ Phone: _____
 2. Name: _____ Phone: _____

Business Size & Type

Small Business (Based on your NAICS code): Yes No
 (If unknown, please complete the following) List Primary NAICS code(s): _____
 Last three years revenue: 2015: \$ _____ 2014: \$ _____ 2013: \$ _____

Circle all that apply: HUBZone, Small-Disadvantaged, Minority Woman, Veteran, Service-Disabled Veteran, or Native American owned Business

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Primary Estimating Point of Contact: _____
 Primary Estimating POC Phone: _____
 Primary Estimating POC Fax: _____
 Primary Estimating POC Email: _____

Please place a checkmark next to all scopes of work your company is capable of performing:

<p>01000 General Requirements</p> <input type="checkbox"/> Architect <input type="checkbox"/> Civil Engineer <input type="checkbox"/> Structural Engineer <input type="checkbox"/> Mechanical Engineer <input type="checkbox"/> Electrical Engineer <input type="checkbox"/> Environmental Engineer <input type="checkbox"/> Landscaping Engineer <input type="checkbox"/> Utilities Location <input type="checkbox"/> Temporary Facilities <input type="checkbox"/> Other _____	<p>06000 Wood/Plastics</p> <input type="checkbox"/> Rough Carpentry <input type="checkbox"/> Finish Carpentry <input type="checkbox"/> Architectural Woodwork <input type="checkbox"/> Other _____	<p>11000 Equipment</p> <input type="checkbox"/> Food Service Equipment <input type="checkbox"/> Other _____
<p>02000 Site Construction</p> <input type="checkbox"/> Demolition <input type="checkbox"/> Excavation/Site Work <input type="checkbox"/> Trucking/Hauling <input type="checkbox"/> Asphalt <input type="checkbox"/> Utilities <input type="checkbox"/> Landscaping <input type="checkbox"/> Fencing <input type="checkbox"/> Other _____	<p>07000 Thermal/Moisture</p> <input type="checkbox"/> Damproofing/Waterproofing <input type="checkbox"/> Insulation <input type="checkbox"/> Roofing <input type="checkbox"/> Flashing/Sheet Metals <input type="checkbox"/> Other _____	<p>12000 Furnishings</p> <input type="checkbox"/> Manufactured Casework <input type="checkbox"/> Systems Furniture <input type="checkbox"/> Other _____
<p>03000 Concrete</p> <input type="checkbox"/> Concrete Reinforcement <input type="checkbox"/> Cast-In-Place Concrete <input type="checkbox"/> Other _____	<p>08000 Doors/Windows</p> <input type="checkbox"/> Doors/Frames <input type="checkbox"/> Entrances/Storefronts <input type="checkbox"/> Windows <input type="checkbox"/> Hardware <input type="checkbox"/> Glazing <input type="checkbox"/> Other _____	<p>13000 Special Construction</p> <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Pre-Engineered Structure <input type="checkbox"/> Storage Tanks/Equipment <input type="checkbox"/> Hazardous Material Remediation <input type="checkbox"/> Security Access/Surveillance <input type="checkbox"/> Other _____
<p>04000 Masonry</p> <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____	<p>09000 Finishes</p> <input type="checkbox"/> Metal Support Assemblies <input type="checkbox"/> Plaster/Gypsum Board <input type="checkbox"/> Tile <input type="checkbox"/> Ceilings <input type="checkbox"/> Floorings <input type="checkbox"/> Wall Finishes <input type="checkbox"/> Paints/Coatings <input type="checkbox"/> Other _____	<p>14000 Conveying Systems</p> <input type="checkbox"/> Elevators <input type="checkbox"/> Other _____
<p>05000 Metals</p> <input type="checkbox"/> Structural Metal Framing <input type="checkbox"/> Metal Fabrications <input type="checkbox"/> Other _____	<p>10000 Specialties</p> <input type="checkbox"/> Access Flooring <input type="checkbox"/> Identification Services <input type="checkbox"/> Fire Protection <input type="checkbox"/> Postal Specialties <input type="checkbox"/> Toilet, Bath/Laundry Services <input type="checkbox"/> Other _____	<p>15000 Mechanical</p> <input type="checkbox"/> Fuel Piping <input type="checkbox"/> Fire Protection/Suppression <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC/Mechanical <input type="checkbox"/> Refrigeration <input type="checkbox"/> Controls <input type="checkbox"/> Testing, Adjusting/Balancing <input type="checkbox"/> Other _____
		<p>16000 Electrical</p> <input type="checkbox"/> Basic Electrical Materials/Methods <input type="checkbox"/> Low-Voltage Distribution <input type="checkbox"/> Communications <input type="checkbox"/> Sound/Video <input type="checkbox"/> Other _____

Please place a check mark next to all area where your company is capable of performing work:

<input type="checkbox"/> Alaska	<input type="checkbox"/> California (Southern)	<input type="checkbox"/> Nevada	<input type="checkbox"/> Oregon (Eastern)	<input type="checkbox"/> Washington (Southwest)
<input type="checkbox"/> Arizona	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Oregon (Northwest)	<input type="checkbox"/> Pacific Islands (Not Hawaii)	<input type="checkbox"/> Washington (Northwest)
<input type="checkbox"/> California (Northern)	<input type="checkbox"/> Idaho	<input type="checkbox"/> Oregon (Southwest)	<input type="checkbox"/> Utah	<input type="checkbox"/> Washington (Eastern)
				<input type="checkbox"/> Other