



5029 West Grace St.

Tampa, Florida 33607

PH- 813-282-1179 Fax 813-282-0461

**SUBCONTRACTOR QUALIFICATION FORM**

<b>Company Information:</b>			
Company Name		Main Phone #	Main Fax #
Address			
City	State	Zip	Fed ID#

Principal Contact	Contact Title	Phone	_____
		Fax	_____
		Cell	_____
Estimating Contact	Contact Title	Phone	_____
		Fax	_____
		Cell	_____

Years in Business
# Of Employees
Avg. Project Size

Max Project Size
Can Furnish a P&P bond
<input type="checkbox"/> Yes   <input type="checkbox"/> No
Avg. Annual Work Value

Select the type of projects for which your company typically performs work.					
<input type="checkbox"/> Education	<input type="checkbox"/> Hotel	<input type="checkbox"/> Restaurant			
<input type="checkbox"/> Government	<input type="checkbox"/> Industrial	<input type="checkbox"/> Retail			
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Office	<input type="checkbox"/> Remodel			

Select the geographic regions where your company is properly licensed, will provide quotes and will perform work.					
<input type="checkbox"/> Central West Coast (Tampa)	<input type="checkbox"/> Central (Orlando)	<input type="checkbox"/> Sarasota, Bradenton, Venice			
<input type="checkbox"/> Northeast (Jacksonville)	<input type="checkbox"/> South (Miami)	<input type="checkbox"/> Panhandle (Tallahassee)			

**References (Provide 3 major supplier trade references)**

Company Name	Contact Name	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

