



Subcontractor Pre-Qualification Form

Today's Date (MO/DAY/YEAR): ___/___/___ Person Completing Form: _____

Company Information

Company Name: _____ Company Website: _____

President/Owner/Partner Name: _____

Other Contact Name/Title: _____

Address/City/State/Zip: _____

Phone: (_ _) _____ - _____ Contact Email: _____

Fax: (_ _) _____ - _____ Other Contact Email: _____

National Construction Trade Association Membership: None Associated Builders & Contractors

Associated General Contractors Other: _____

Structure of Company

Corporation Sole Proprietor LLC Partnership General or Limited Joint Venture

Date of Establishment: ___/___/___ State Where Established: _____ ROC License#: _____

Federal ID#: _____ Other: _____ Other: _____

Contractor Parent Company (company name/president/address/phone):

of Employees (office & field): _____

Company Profile

Type of Company:

Subcontractor (Furnish & Install) Subcontractor (Install only) Supplier (Materials only)

Project Size: *check all that apply*

\$25,000 or below \$26,000-\$50,000 \$51,000-\$100,000 \$101,000-\$150,000 \$151,000-\$500,000

\$501,000-\$1,000,000 \$1,000,000 or more

Types of Projects: *check all that apply*

- Schools Government Healthcare Hospitality Lodging Industrial Office
 Restaurant Retail Other: _____ Other: _____

Geographic Work Areas: *check all that apply*

- Greater Phoenix Metro Areas AZ State-wide Southwest Region Nation-wide
 Other: _____ County Specific: _____

Certified Minority Business Enterprise Contractor (MBE)? YES NO

Certified by: _____

Certified Woman Business Enterprise Contractor (WBE)? YES NO

Certified by: _____

Do you have experience with LEED/green building? YES NO

Work in Progress

Amount of work under contract: \$ _____ % of that work not yet completed: _____%

Trade References

Please list 3 trade/vendor references with whom you have worked for in the last year.

1.) Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Contact Phone/Cell Number _____

2.) Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Contact Phone/Cell Number _____

3.) Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Contact Phone/Cell Number _____

General Contracting References

Please list 3 general contractors with whom you have worked for in the last year.

1.) Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Contact Phone/Cell Number _____

2.) Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Contact Phone/Cell Number _____

3.) Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Contact Phone/Cell Number _____

Please attach workers comp and general liability insurance certificates

Credit Authorization

The submitter of this prequalification form authorizes contact with any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. In addition, the submitter authorizes the release of credit information including a credit report or other sources of credit information. This authorization is without expiration. Accept Decline

Signature of officer: _____

Date: _____

Please return completed form to ATTN: **Sonoran Crest
Pre-Qualification Department
2125 E 5th St. Ste. 108
Tempe, AZ 85281**

Supplemental Information Form

Please complete requested information on company's recent major construction projects either completed or in progress; or attach list.

Name of Project:

Name of Project:

Client/Owner:

Client/Owner:

Location & General Contractor:

Location & General Contractor:

**Contract Value \$ _____
Description of work being performed:**

**Contract Value \$ _____
Description of work being performed:**

Architect/Engineer:

Architect/Engineer:

General Contractor Contact:

General Contractor Contact:

Phone Number:

Phone Number:

Completion (Planned) Date:

Completion (Planned) Date: