



Subcontractor/Vendor Pre-Qualification Application

GENERAL INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Office Phone: _____

Email Address: _____

LA License #: _____ Fax: _____

Licensed to Perform Work (Trades): _____

Federal Tax ID: _____

M/W/DBE (Minority Business Enterprises) Certifications:

Minority	Disadvantaged	Small Business
Woman	Veteran	Other

Certifying Agency Name(s):

TYPE OF BUSINESS:

CORPORATION

Date Incorporated: _____ President's Name: _____

LLC

Date Established: _____ Manager's Name: _____

PARTNERSHIP

Date of Organization: _____

INDIVIDUALLY OWNED

Date Established: _____ Name of Owner: _____

OTHER

Describe: _____

INSURANCE COVERAGE TYPE LIMITS:

Workmen's Compensation: _____

General Liability: _____

Excess / Umbrella Liability: _____

Automobile Liability: _____

WORK/PROJECT INFORMATION

TYPES OF PROJECTS:

Check All That Apply: Multi Family Commercial Hospitality Education
 Medical Governmental Civil Other

Average Contract: \$ _____
(Amount for projects last 3 years)

Average Volume: \$ _____
(Annually for the last 3 years)

WORK IN PROGRESS:

Job Name	Owner or GC Contact	Contract Amount	Scheduled Completion Date

REFERENCES:

Trade References:

Project References:

SAFETY EXPERIENCE MODIFIER:

Year: _____ EMOD: _____

PLAN ROOM:

Milton J. Womack, Inc., provides electronic media through Milton J. Womack's FTP site and iSqFt Site. Is your company presently using or familiar with: -

FTP Sites

iSqFt Site

Dodge /McGrawHill