

DUCON

SUBCONTRACTOR PREQUALIFICATION

GENERAL			
Business Name:			
Physical Address:			
City, State, Zip:			
Mailing Address: (If different from above)			
City, State, Zip:			
# of Years in Business:			
Licence No:			
Management Contact	Phone:	Cell:	Email:
Name:			
Estimating Contact	Phone:	Cell:	Email:
Name:			
Accounting Contact	Phone:	Cell:	Email:
Name:			
Scheduling Contact	Phone:	Cell:	Email:
Name:			
BONDING			
Surety Company			
Bonding Capacity			
Value of Present Work			
SCOPE OF SERVICES			
Scope of Work Company Performs:			
Geographic Area/s of Service:			
Average Annual Volume:			
Volume of work in 2024			
LIST 3 SUPPLIER REFERENCES:			
1	Contact:	Phone/Fax:	
2	Contact:	Phone/Fax:	
3	Contact:	Phone/Fax:	
LIST 3 OWNERS, GENERAL CONTRACTORS, or CONSTRUCTION MANAGERS YOU HAVE WORKED FOR:			
1	Contact:	Phone/Fax:	
2	Contact:	Phone/Fax:	
3	Contact:	Phone/Fax:	

Divisions Performed _____



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LIST THREE MOST SIGNIFICANT PROJECTS COMPELTING IN THE LAST FIVE YEARS:		
#1 Project Name		
Project Location		
Scope of Work		
Architect:	Contact:	Phone/Fax:
GC/CM or Owner:	Contact:	Phone/Fax:
Contract Amount:	Estimated/ Actual Completion Date:	
#2 Project Name		
Project Location		
Scope of Work Preformed		
Architect:	Contact:	Phone/Fax:
GC/CM or Owner:	Contact:	Phone/Fax:
Contract Amount:	Estimated/ Actual Completion Date:	
#3 Project Name		
Project Location		
Scope of Work		
Architect:	Contact:	Phone/Fax:
GC/CM or Owner:	Contact:	Phone/Fax:
Contract Amount:	Estimated/ Actual Completion Date:	
Is your firm a MBE/WMBE/SBE/DBE regirstered with any governmental (state, county, or local agency)		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES" please attach a copy of your current certification certificate	
Is your firm Section 3 certified;		
	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ Indicate Housing Authority	
	If "YES" please attach a copy of your current certification certificate	
Does you Firm hold Insurance and Workers Compensation		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If "YES" please attach a copy of your current Insurance and WC certificate	
I hereby certify that the above information is true and complete to the best of my knowledge.		
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between;"> Signature </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Title Date </div>		