

SUBCONTRACTOR QUALIFICATION

Email comple	eted form to subcontractors	@bsmconst.com	or fax to (92	5) 688-1100	
Company Name:				•	
Address:					
Phone:		Fax:			
Geographic locations served.					
☐ Corporation ☐ Partnership MBE: ☐ Yes ☐ No WBE Do you have a Written Safety Pr	E: ☐ Yes ☐ No Len	igth of time unde	clicking box) S r present own		
BID REQUESTS					
			Phone:		
E mail Address:			Fax:		
COMPANY PRINCIPALS / OFF	ICERS				
Name:		Name:			
Title:		 Title:	·		
Home Dhone:		Home Phone	e:		
Hama Address:		Home Addre			
LICENSES					
Contractor's License #:		Tax ID #:			
Additional Classifications		<u> </u>			
Additional Classifications		_			
		_			
BANKING, BONDING & INSUR	ANCE				
Bank:				Phone:	
Address:				- Fax:	
Line of Credit: Yes No	A			<u>-</u>	
Bonding Company (License):					
Bonding Company (Performance	÷):				
		Phone:		Fax:	
Insurance Agent:		Phone:		Fax:	
aranee / tgent.					
UNION AFFILITIONS					
Name:	Chapter:			Phone:	
Name:	Chapter:			Phone:	
REFERENCES (Current & Include	es two general contractors)	SUPPLIERS (Three Largest	Suppliers)	
1.	Phone:			· · · · <u>-</u> .	
2.	Phone:	_ ··		Phone:	
3.	Phone:	_ 		Phone	
·	1 110110.	_			
Largest contract in past year?	6	For Whom:			
Are you currently involved in a cl			ctors? Ye	es 🗆 No	
(If yes, please explain in a separate doct Are you currently involved in any (If yes, please explain in a separate doct Have you ever filed bankruptcy?	ument and include with this form.) / lawsuits? Yes No ument and include with this form.)		otoro. 🗀 re		
Loorlify that the above information is tour	and correct and sutherize	contact the charge as	oforonooc rocced	ng our gradit atanding or post	
I certify that the above information is true performance.	and correct and authorize you to	contact the above re	eierences regardi	ng our credit standing or past	
Signature:			Title:		
Print Name:			Date:		