



SUBCONTRACTOR PREQUALIFICATION FORM

- 1. Company Name: _____
President: _____
Address: _____
City, State, & Zip: _____
Fed ID#: _____
Website: _____
Telephone #: _____ Fax #: _____
Type of Work _____
Performed: Division: _____ CSI Code #: _____
Email Address: _____
- 2. Mailing Address, if different from above:
Address: _____
City, State, & Zip: _____
- 3. Estimating Contact:
Name: _____ Title: _____
Email: _____ Mobile #: _____

SUBCONTRACTOR GENERAL INFORMATION

- 4. Number of years in business: _____ years
Under present name: Yes No
If no, please list previous name: _____
- 5. Diversity Status: DBE MBE WBE
If yes, please specify in what state: _____

STAFFING & AFFILIATIONS

- 6. Affiliation: Union Open Shop
Local Union #: _____

7. Are you willing to do prevailing wage projects: Yes No

QUALIFICATION STATEMENT

8. Size project most competitive in performing: (please check one)

Under \$50,000 \$50,000 to \$100,000 \$100,000 to \$500,000 \$500,000+

9. Types of construction your company specializes in:

Residential Industrial Commercial Other: _____

10. List any additional services your company can provide that are not previously mentioned:

11. List three(3) Current Major Projects that are being performed for Construction Managers:

Customer: _____ Contact: _____

Telephone: _____ Email: _____

Project Name: _____

Scope of Work: _____

General Contractor: _____ Contact: _____

Contract Amount: \$ _____

Customer: _____ Contact: _____

Telephone: _____ Email: _____

Project Name: _____

Scope of Work: _____

General Contractor: _____ Contact: _____

Contract Amount: \$ _____

Customer: _____ Contact: _____

Telephone: _____ Email: _____

Project Name: _____

Scope of Work: _____

General Contractor: _____ Contact: _____

Contract Amount: \$ _____

Please send the completed form to: TCCestimating@timberlineconstruction.com

Estimating Department
Timberline Construction Corporation
300 Pine Street Canton, MA 02021
339.532.2018