



**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 #: \_\_\_\_\_

**SAFETY**

- 4. Safety Rating (EMR): \_\_\_\_\_
- 5. Please forward safety manual/program.
- 6. If 2<sup>nd</sup> tier contractors are to be used, are they expected to adhere to your company safety program?  
Yes  No
- 7. Does your company have a full-time safety officer or 3<sup>rd</sup> party vendor? If so, please provide information.  
\_\_\_\_\_
- 8. Have you received an OSHA violation in the past 2 years? If so, what were the circumstances?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBCONTRACTOR GENERAL INFORMATION**

9. Number of years in business: \_\_\_\_\_ years

Under present name: Yes  No

If no, please list previous name: \_\_\_\_\_

10. Diversity Status: DBE  MBE  WBE

If yes, please specify in what state: \_\_\_\_\_

**STAFFING & AFFILIATIONS**

11. Affiliation: Union  Open Shop

Local Union #: \_\_\_\_\_

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

**QUALIFICATION STATEMENT**

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

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

14. Types of construction your company specializes in:

Residential     Industrial     Commercial     Life Science     Academic

Other: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. 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](mailto:TCCestimating@timberlineconstruction.com)**

Estimating Department  
Timberline Construction Corporation  
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