



SUBCONTRACTOR QUALIFICATION FORM

Submit form to: The Conlan Company
1800 Parkway Place, Suite 1010
Marietta, Georgia 30067
Ph: 770.423.8000/Fx: 770.423.8010

Please complete form in its entirety and return to the above referenced location.

Firm Information

Name: _____
Address: _____

City/State/Zip: _____
Telephone: _____
Fax: _____
Email: _____
Website: _____
Contact Name: _____
President: _____
Business Type Corporation Individual Other: _____

Firm History

Years in business: _____ Type of Work: _____
Does your firm have internet access: _____
Able to download drawings via the internet: _____
Geographic area(s) of operation: _____

Percentage of work performed by own forces: _____ %
Total permanent staff: _____ Average field forces: _____
Bidding range: Minimum \$ _____ Maximum \$ _____
Total bonding capacity: \$ _____
Value of work presently bonded: \$ _____
Bond rate: _____ %
Work under contract: \$ _____
Annual sales last 3 years: \$ _____ /20____ \$ _____ /20____ \$ _____ /20____



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Bonding Information

Bonding Company: _____

Agent: _____

Contact Name: _____

Telephone #: _____

Bank: _____

Bank Name: _____

Contact Name: _____

Telephone #: _____

Has firm ever failed to complete a contract? _____

If yes, please explain _____

Has firm ever filed bankruptcy? _____

If yes, please explain _____

Safety EMR Rating last 3 years: _____ /20_____ _____ /20_____ _____ /20_____

Experience – Current or Completed Projects

Project Name: _____

Location: _____

Owner: _____

Contact Name: _____ Telephone #: _____

General Contractor: _____

Contact Name: _____ Telephone #: _____

Contract Amount: \$ _____ Percentage Complete: _____ %

Type of Work: _____

Completion Date: _____



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Contract Amount: \$ _____ Percentage Complete: _____ %
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General Contractor: _____
Contact Name: _____ Telephone #: _____
Contract Amount: \$ _____ Percentage Complete: _____ %
Type of Work: _____
Completion Date: _____

I attest that, to the best of my knowledge, the information contained herein is accurate.

Firm Name: _____

By: _____
Authorized Signature

Name: _____

Title: _____

Date: _____