



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
Email: Info@conlancompany.com

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	(<input type="checkbox"/>) Corporation (<input type="checkbox"/>) Individual (<input type="checkbox"/>) Other: _____

Federal Tax ID #	_____
Sales Tax ID#	_____
Dun & Bradstreet #	_____
WMBE Business?	(<input type="checkbox"/>)Yes (<input type="checkbox"/>)No

Firm History

Years in business: _____ Type of Work: _____

Does your firm have internet access: ()Yes ()No

Able to download drawings via the internet: ()Yes ()No

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____



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
Email: Info@conlancompany.com

Bonding Information

Bonding Company: _____

Agent: _____

Contact Name: _____

Telephone #: _____

Bank: _____

Bank Name: _____

Contact Name: _____

Telephone #: _____

Has firm ever failed to complete a contract? Yes() No()

If yes, please explain _____

Has firm ever filed bankruptcy? Yes() No()

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: _____



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
Email: Info@conlancompany.com

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: _____

Project Name: _____
Location: _____
Owner: _____
Contact Name: _____ Telephone #: _____
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: _____