

MATOS BUILDERS

CONTRACTOR PRE-QUALIFICATION FORM

GENERAL:

Company Name: _____

Point of Contact: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone No: _____ Email: _____

BUSINESS TYPE:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Union |
| <input type="checkbox"/> Contractor or Subcontractor | <input type="checkbox"/> Non-Union |
| <input type="checkbox"/> Material Supplier | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Other _____ |

SCOPE/CSI DIVISION/SERVICES PERFORMED:

- _____
- _____
- _____

CERTIFICATIONS:

- | | |
|---|---|
| <input type="checkbox"/> Large Business (LB) | <input type="checkbox"/> Historically Underutilized Business Zone (HUBZone) |
| <input type="checkbox"/> Small Business (SB) | <input type="checkbox"/> Veteran Owned Small Business (VOSB) |
| <input type="checkbox"/> Small Disadvantaged Business (SBD) | <input type="checkbox"/> Service Disabled Veteran Owned Small Business (SDVOSB) |
| <input type="checkbox"/> Women Owned Small Business (WOSB) | <input type="checkbox"/> Other: _____ |

LOCATION OF WORK:

- | | |
|--|--|
| <input type="checkbox"/> Virginia (VA) | <input type="checkbox"/> North Carolina (NC) |
| <input type="checkbox"/> Maryland (MD) | <input type="checkbox"/> South Carolina (SC) |
| <input type="checkbox"/> District of Columbia (DC) | <input type="checkbox"/> Other: _____ |

VOLUME OF WORK (\$):

- 2016 _____
- 2015 _____
- 2014 _____

Total Hours Worked

- 2016 _____
- 2015 _____
- 2014 _____

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SAFETY PERFORMANCE (LAST THREE YEARS):

EMR

- 2016 _____
- 2015 _____
- 2014 _____

Do you have a formal Safety Plan? (please provide) Yes No

QUALITY CONTROL:

Do you have a formal Quality Control Plan? (please provide) Yes No

BONDING:

- Bond Rate (%): _____
- Bonding Capacity: _____
- Name of Surety: _____

WORK REVIEW:

Please list projects currently being performed by your company. (Continue list on a separate sheet, if necessary)

Project	Location	Value	Description of Work

REFERENCES:

Please list three (3) references.

Company	Contact Person/Telephone No.	Relevance (Client, Subcontractor, Etc.)

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IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, PLEASE EXPLAIN:

1. Has your company ever failed to complete any awarded work?

2. Are there any judgements, claims, and arbitration proceedings, suits pending or outstanding against your company or its officers?

3. Has your company filed any lawsuits or requested arbitration with regards to construction contracts with the past five (5) years?

4. Within the past five (5) years, has any officer or principal of your company ever been an officer or principal of another company or organization which failed to complete a construction contract?

Signature

Title

Name (Printed)

Date