



SUBCONTRACTOR PRE-QUALIFICATION FORM – PLEASE FAX TO 617-268-2587

Section A – Contact Information:

Company Name: _____
 Primary Contact: _____

Physical Address:

City:	State:	Zip:
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Mailing Address:

City:	State:	Zip:
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Phone:	Fax:	Cell:
Email:	Website:	

Section B – Company Background Information:

1. Trade / Specialty: _____
2. Union Non-Union Prevailing Wage
3. Region working in: _____
4. Projects Currently Under Construction:

Project Name / Location:	General Contractor:	Project Owner:	Subcontract Value:
a)			\$
b)			\$
c)			\$
d)			\$
e)			\$

5. Ideal project size: \$_____
6. Approximate annual volume: \$_____
7. Number of employees: _____
8. Bonding Capacity: Single project_____ Aggregate_____
9. SOMWBA approved Minority Business Enterprise? Yes No
10. SOMWBA approved Women Owned Enterprise? Yes No