



# SUBCONTRACTOR PRE-QUALIFICATION FORM

*Tri-Technic, Inc.*

185 Fairview Ln., Sonora, CA 95370  
Phone: 209-599-6000 Fax: 209-694-8248

## SUBCONTRACTOR INFORMATION

## DATE SUBMITTED

Company Name

Business Address

Mailing Address (if different)

Phone Number

Fax Number

Contact Name & Title

E-mail Address

Contractors License #

State Licensed in

License Classification(s)

DUNNS #

### **Type of Company:**

Sole Proprietor

Partnership

Corporation

Joint Venture

Subsidiary

Year Established

# of Employees

State of Incorporation

### **Person/Persons Authorized to Represent Company:**

Name & Title

E-mail

Phone Number

### **Contract Value Summary:**

Value of contracts in progress

Average contract value last 3 years

Size of projects preferred

Location of projects preferred

Does company have offices, plants or warehouses at other locations?

Yes

No

If yes, list addresses

List trades of work performed  
by company

**UNION AFFILIATION**

Is Company directly or indirectly signatory to any union labor agreements Yes No

If yes, list Union affiliations

**BONDING CAPABILITY**

Is company able to bond projects Yes No

Aggregate Bonding Capacity

Bonding Company

Address

Contact/Agent Name Phone Number

Contact/Agent E-mail

**BANKING INFORMATION**

Banking Institution Years with Bank

Bank Address

Contact Name Phone Number

**INSURANCE INFORMATION**

Insurance Company

Address

Contact/Agent Name Phone Number

Contact/Agent E-mail

**MBE/WBE/SBE/DBE/DVBE** (Check all that apply)

- |                              |                                 |
|------------------------------|---------------------------------|
| Small Business               | Veteran Owned Business          |
| Minority Owned Business      | Disabled Veteran Owned Business |
| Woman Owned Business         | HUB Zone Business               |
| Small Disadvantaged Business | Large Business                  |

Certifying Agency(s)

**COMPLETED PROJECTS** List 3-4 significant projects completed within the last 5 years - attach additional pages if needed

Project Name	Contracting Company	Contract Amount	Completion Date	Contact Name/Phone #

**CURRENT PROJECTS** List 3-4 significant projects currently working on - attach additional pages if needed

Project Name	Contracting Company	Contract Amount	% Complete	Contact Name/ Phone #

**TRADE REFERENCES** List 3 subcontractors or suppliers

Company Name	E-mail Address	Contact Name/Phone #

**CLIENT REFERENCES** List 3 clients

Company Name	E-mail Address	Contact Name/Phone #

**OTHER INFORMATION** In the past 5 years has your company,

Operated under any other names?

Yes            No

Had any liens filed against it by any of its subcontractors, suppliers or taxing authority?

Yes            No

Had any judgements, claims, arbitration proceedings or law suits against it or its officers?

Yes            No

Filed any lawsuits, commenced legal proceedings or request arbitration with regard to a construction contract?

Yes            No

Failed to complete a contract, been declared in default, or had a contract terminated?

Yes            No

Had liquidated damages assessed against it upon completion of a project?

Yes            No

If you answered yes to any of the above, provide explanation below. Attach additional pages if needed.

Safety Pre-qualification form completed and attached:

Yes            No

I certify that the foregoing information is true and correct to the best of my knowledge and no attempt has been made to give false or misleading information, or to withhold any information.

Printed/Typed Name

Title

Signature

Date Executed