



Subcontractor Qualification Form

Please send this completed form to Firewatch Contracting Email: cdarnell@fwcontracting.com Phone# 813-839-3000 FAX: 813-839-3003

SUBCONTRACTOR INFORMATION PROFILE FOR LARGE AND SMALL BUSINESSES

Company Name: _____
 Street Address: _____
 City: _____ State/Zip: _____
 Office Phone: _____ Federal ID #: _____
 License #: _____ DUNS #: _____
 Principal Owner/Operator Name: _____
 Principal Owner/Operator Phone: _____
 Contact Name/Position: _____
 Contact Phone: _____
 Contact Email Address: _____
 Division(s): _____

Required for Small Businesses Only . . .

As the Principal Owner/Operator of the company noted, I hereby verify that this business qualifies for the Small Business Certification checked off on this form and meets the size standard requirements within this Industry Group:

Industry Group	Size Standard
Manufacturing	500 employees
Wholesale Trade	100 employees
General & Heavy Construction	\$31.0 million
Special Trade Contractors	\$13.0 million
Architectural, Engineering & Surveying	\$4.5 million

Signature: _____
 Name & Title: _____
 Date: _____

(Check all that apply – click on box to check)

- Large Business Small Business
- Women-Owned Small Business Veteran-Owned Small Business
- Service-Disabled Veteran-Owned Small Business
- Small Disadvantaged Business
- Historically Underutilized Business Zone (HUBZone) – *Must be approved by SBA*
- Company is registered on the governments SAM Website (www.sam.gov) SAM Expiration Date: _____

SUBCONTRACTOR SAFETY PROFILE QUESTIONNAIRE

Corp. Officer in charge of Safety Program: _____ (required per Federal Code of Regulations)

YOUR COMPANY'S SAFETY COMPLIANCE PROGRAM

- Written Safety Program/I.I.P.P.? Yes No Last Revised? Year _____
- Written Code of Safe Practices? Yes No Last Revised? Year _____
- Any OSHA Citations issued to you in the past 3 years? Yes No (If yes, attach information)
- Any Safety Awards issued to you in the past 3 years? Yes No (if yes, attach information)

(Check all that apply – click on box to check)

On-site, Your firm requires workers to wear ... (*GC requires for all workers)

- Eye Protection* Hard Hats* Work Boots* Hearing Protection Respirators Long Pants* Steel Toe Boots*
- Weekly Tail-Gate/Safety Training On-Site Yes No Documented: Yes No
- Regular Site-Safety Inspections: Yes No Documented: Yes No
- MSDS's: On Site (site specific) Yes No
- Equipment Manuals On-site: Yes No N/A
- First Aid/C.P.R. Trained Personnel On-Site? Yes No
- Competent Person Assigned On-Site? Yes No
- Can documentation of OSHA Certifications be provided? Yes No

Provide Current and previous 2 years of Experience Modification Rate (EMR): Average EMR of last 3 years _____
 Current EMR _____, Year _____ EMR _____, Year _____ EMR _____

OTHER REQUIRED SUBCONTRACTOR INFORMATION

Company Type...

Years in Business: _____ Annual Volume: _____

Corporation, State of:

Description of Work: _____

Subsidiary

Geographical Regions Willing to Work: _____

Name of Parent Company:

Bonding Capacity: _____ Bonding Rate: _____

Partnership

Bonding Agent: _____ Surety Company: _____

Sole Proprietorship

Street Address: _____

City: _____ State/Zip: _____

Contact: _____ Phone: _____

Insurance Agent: _____

Street Address: _____

City: _____ State/Zip: _____

Contact _____ Phone _____

# of Employees	Subcontract Amount	\$	Best Suited
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SUBCONTRACTOR EXPERIENCE PROFILE QUESTIONNAIRE

Please provide information on three contracts or subcontracts your firm has completed during the past five years or that are currently in process. Have you ever completed any Federal projects Yes No If yes, please list these projects first.

Project Name: _____

Contractor: _____ Phone: _____

Owner: _____ Phone: _____

Location: _____ Amount: _____

Start Date: _____ Completion Date: _____

Description of Work Performed: _____

Project Name: _____

Contractor: _____ Phone: _____

Owner: _____ Phone: _____

Location: _____ Amount: _____

Start Date: _____ Completion Date: _____

Description of Work Performed: _____

Project Name: _____

Contractor: _____ Phone: _____

Owner: _____ Phone: _____

Location: _____ Amount: _____

Start Date: _____ Completion Date: _____

Description of Work Performed: _____

SUBCONTRACTOR TRADE REFERENCES

Please provide three (3) companies for credit references.

Company Name: _____

Contact Name: _____ Phone: _____

Address _____ Fax# _____

City/St _____

Start Date: _____ Credit Limit _____

Account Type / Description _____

Company Name: _____

Contact Name: _____ Phone: _____

Address _____ Fax# _____

City/St _____

Start Date: _____ Credit Limit _____

Account Type / Description _____

Company Name: _____

Contact Name: _____ Phone: _____

Address _____ Fax# _____

City/St _____

Start Date: _____ Credit Limit _____

Account Type / Description _____

Signature: _____ Title: _____ Date: _____