



TRADE CONTRACTOR QUALIFICATION FORM

DATE: _____

PRINCIPLE OFFICE: () Corporation () Partnership () Individual () Joint Venture () Other

TYPE OF WORK: _____

GENERAL INFORMATION

Name of Firm: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Website Address: _____

CONTACT INFORMATION

Corporate Officers: President _____
Vice President _____
Secretary _____
Treasurer _____

Authorized Signers: Checks _____
Releases _____
Other _____

Estimating Contact Person(s): _____

Phone / Email: _____

ORGANIZATION

1. How many years has your organization been in business as a Contractor? _____ years
2. How many years has your organization been in business under its present business name? _____
 - a. Under what other or former name(s) as your organization operated? _____



Page 2 of 5

3. Number of employees: _____
4. Number of leased employees: _____
5. Do you subcontract work or self perform: _____

LICENSING

Florida Contractors License Number(s): _____

List the jurisdictions (County / State) in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable.

HISTORY AND EXPERIENCE

Has the Firm ever:

- | | | |
|---|---------|--------|
| 1. Failed to complete a project? | () Yes | () No |
| 2. Been involved in Bankruptcy or Re-organization? | () Yes | () No |
| 3. Pending Judgments, Suits? | () Yes | () No |
| 4. Filed any law suits or requested arbitration with regard to construction contracts within the last five years? | () Yes | () No |

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? () Yes () No

**If answer is Yes, please submit details on a separate sheet.*

FINANCIAL INFORMATION

Federal Tax ID # _____

Volume of Work Completed in the Last Three (3) Years:

2022: _____
2023: _____
2024: _____



Page 3 of 5

Work Currently Under Contract: \$ _____

Name of Bank: _____

Phone Number: _____

Contact: _____

BONDING

Does the Firm have Bonding capabilities? () Yes () No

** If yes, please provide a letter from your Surety*

Bonding limit per project: \$ _____

Total Aggregate Bonding Limit: \$ _____

Value of Work presently Bonded: \$ _____

Available Bonding Capacity as of
Prequal: \$ _____

M.B.E. CLASSIFICATION

Is the Firm a Minority Business Enterprise (MBE), certified with the State of Florida Department of Labor and Employment Security? () Yes () No

**If Yes, please indicate the Classification Code and attach a copy of certification.*

Classification Code(s): _____

Classification Code(s): _____

Other than the above, is the Firm a Minority Business Enterprise (MBE), certified with Local, Federal/Military or any other State? () Yes () No

**If Yes, please indicate the Classification Code and attach a copy of certification.*

Classification Code(s): _____

Classification Code(s): _____



SAFETY

1. Does Firm have a written Safety Program? () Yes () No
2. Does Firm have a written Hazardous Communication Program? () Yes () No
3. Has the Firm ever been cited by OSHA within the Last 3 years? () Yes () No

If answered **Yes to #3, please submit details on a separate sheet.*

REFERENCES

Material Suppliers:

Name: _____
Address: _____
Phone No.: _____ Contact: _____

Name: _____
Address: _____
Phone No.: _____ Contact: _____

General Contractor:

Name: _____
Address: _____
Phone No.: _____ Contact: _____

Name: _____
Address: _____
Phone No.: _____ Contact: _____

List five (5) of the Firm's largest projects currently under construction and/or completed in the last 2 years:

Project Name: _____
Location: _____
General Contractor: _____
Contact: _____
Phone Number: _____
Contract Amount: \$ _____



Page 5 of 5

Project Name: _____
Location: _____
General Contractor: _____
Contact: _____
Phone Number: _____
Contract Amount: \$ _____

Project Name: _____
Location: _____
General Contractor: _____
Contact: _____
Phone Number: _____
Contract Amount: \$ _____

Project Name: _____
Location: _____
General Contractor: _____
Contact: _____
Phone Number: _____
Contract Amount: \$ _____

Project Name: _____
Location: _____
General Contractor: _____
Contact: _____
Phone Number: _____
Contract Amount: \$ _____

List the type of work that best describes your firm: (I.e. Multi-family; Education; Hospitality, Government, Etc.)

I hereby certify to the best of my knowledge that the information provided on this form is true and complete.

Dated this _____ day of _____, 20____.

Signature

Printed Name & Title

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____