



SUBCONTRACTOR PREQUALIFICATION FORM

COMPANY INFORMATION

Company Name: _____

Address: _____ City/State/Zip: _____

Point of Contact (POC) Name and Title: _____

POC Phone: _____ POC Email: _____

Year Established: _____ UEI Number: _____ Cage Code: _____

Company Specialties/Type of Work: _____

NAICS Code(s): _____

Business Classification

- Large Business
- Non-Profit/Educational
- Small Business

Small Business Subsets (if applicable):

- Small Disadvantaged
- Woman-Owned (SBA Certified)
- HUB Zone (SBA Certified)
- Veteran-Owned
- 8(a) Cert. Exp. Date: _____
- Disabled Veteran
- Native American
- Native Hawaiian
- Veteran-Owned
- ANC/HNO/Tribal Owned

Certified Business Enterprise

- MBE (Agency: _____ ID: _____)
- WBE (Agency: _____ ID: _____)
- SBE (Agency: _____ ID: _____)
- Other (Agency: _____ ID: _____)

LICENSES

License Number	Classification	State	Issuing Agency	Expiration Date

DIR Registration Number: _____

SAFETY

EMR Ratings for last three years:

Interstate: Year: _____ Rating: _____ *Intrastate:* Year: _____ Rating: _____
Interstate: Year: _____ Rating: _____ *Intrastate:* Year: _____ Rating: _____
Interstate: Year: _____ Rating: _____ *Intrastate:* Year: _____ Rating: _____

Has your company had any OSHA violations in the past three years?

(Please provide OSHA 300 forms for last three years)

None: Serious: Other Than Serious: Willful/Repeated: Posting Regs:

If any, please provide a brief explanation:

Has your company had any fatalities in the past three years? Yes No

Do you have a written Accident Prevention Plan? Yes No

Do you have a Safety Manager? Name: _____



SUBCONTRACTOR PREQUALIFICATION FORM

QUALITY

Do you have a written Quality Control (QC) Plan? Yes No

Do you have a QC Manager? Name: _____

Has your company even been Terminated for Default from a project? Yes No

If yes, please provide date and a short description:

BONDS/INSURANCE/CERTIFIED PAYROLL

Do you currently have bonding capacity? Yes No

Total bonding capacity: _____ Bonding capacity per project: _____

Does your company currently carry the following insurance policies? (check all boxes that apply)

Commercial General Liability Workers Compensation Business Auto Insurance

Does your company regularly supply Certified Payroll WH-347 forms on its projects? Yes No

PROJECT REFERENCES

Provide references for three major clients for projects performed in the past three years:

Project Name/Location	Contract Value	Client	Reference
			Name: Title: Phone: Email:
			Name: Title: Phone: Email:
			Name: Title: Phone: Email:

Prior RORE experience? Yes No

If yes, what project/year? _____

By submitting this form, signer (sender) represents the information provided is complete and accurate as of the date of this submission.

Authorized Company Representative

Signature

Please Print Name

Title

Date

Please return via email to: info@roreinc.com