



Subcontractor Prequalification

Completely Fill Out Prequalification.

Company Information

Company Name _____ Date _____

Address _____

Phone (_____) _____ Fax (_____) _____

State License # (if applicable) _____ **Please provide copies of Licenses**

Minority Contractor YES No Type: _____ Certified by: _____

Bondable up to \$ _____ Bond Rate _____ **Please provide copy of your bond letter**

Primary Contact

Contact Person _____ Cell Phone _____

Email _____

Type of Work

Experience with following - Please check

Describe the scope/product you provide

- Commercial
- Retail
- Restaurants
- Educational
- Medical
- Industrial
- Historical
- Financial
- Grocery
- Government
- Hospitality

Give names of specific projects you have completed _____

References

List 3 clients your company has worked for within the last 2 years

Contact Person _____ Job Name _____
Company _____ Phone (_____) _____

Contact Person _____ Job Name _____
Company _____ Phone (_____) _____

Contact Person _____ Job Name _____
Company _____ Phone (_____) _____

Please email to Christie at CLee@boyerconstruction.net or you may fax it to 803-540-3430.