



218 Rockmont Drive  
Fort Mill, SC 29708  
Tel: 803.619.2235

## SUBCONTRACTOR INFORMATION PRE-QUALIFICATION FORM

### I. COMPANY INFORMATION

Full Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Web Site \_\_\_\_\_

Person to Contact \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Contractor's License No.	State/Province
_____	_____
_____	_____
_____	_____

How long have you been in business? \_\_\_\_\_

### II. ORGANIZATION

A. Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

B. State of Incorporation \_\_\_\_\_ Date \_\_\_\_\_

C. Is your firm Veteran Owned? \_\_\_\_\_

D. Business Classification (See Definitions in Appendix I) The company certifies that it is:

- \_\_\_\_\_ *A Large Business Enterprise*
- \_\_\_\_\_ A Small Business Enterprise
- \_\_\_\_\_ A Small Disadvantaged Business Enterprise
- \_\_\_\_\_ A Small Women-Owned Business Enterprise
- \_\_\_\_\_ Located in a Labor Surplus area
- \_\_\_\_\_ Service Disabled Veteran Owned Small Business
- \_\_\_\_\_ CVE Certified
- \_\_\_\_\_ Veteran Owned Small Business
- \_\_\_\_\_ 8A Certified
- \_\_\_\_\_ HUBZONE

E. The above company is owned or controlled by a parent company.

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above is "yes" provide the following information:

Full name of parent company \_\_\_\_\_



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Main office physical address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Web Site Address \_\_\_\_\_

F. List below divisions or subsidiaries of your company:

<u>Name</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____

**I. CAPABILITIES**

A. What type of work do you perform? \_\_\_\_\_

B. What Federal Agencies have you worked for?

- \_\_\_\_\_ GSA
- \_\_\_\_\_ Department of Veteran Affairs
- \_\_\_\_\_ Department of Defense
- \_\_\_\_\_ NAVFAC
- \_\_\_\_\_ Army Corp of Engineers
- \_\_\_\_\_ National Park Service
- \_\_\_\_\_ Other

C. Your company operates as a: \_\_\_\_\_ Union Shop \_\_\_\_\_ Non-Union Shop \_\_\_\_\_ Merit Shop

D. Work Mix: State, as a percentage of your total sales volume, the amount of work performed in the following areas:

- 1. Commercial \_\_\_\_\_ %
- 2. Government/Municipal \_\_\_\_\_ %
- 3. Industrial \_\_\_\_\_ %
- 4. Residential \_\_\_\_\_ %

E. The work performed in the industrial sector has included work in the following business areas:

- \_\_\_\_\_ Manufacturing \_\_\_\_\_ Utility
- \_\_\_\_\_ Petroleum \_\_\_\_\_ Chemicals
- \_\_\_\_\_ Steel \_\_\_\_\_ Engineering/Construction
- \_\_\_\_\_ Pharmaceutical \_\_\_\_\_ Biotechnology
- \_\_\_\_\_ Civil \_\_\_\_\_ Hospital
- \_\_\_\_\_ Food & Beverage \_\_\_\_\_ Other

F. Of the industrial business areas indicated above, list the client references for whom you have worked:

_____	_____
_____	_____
_____	_____



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G. Do you use any type of Project Management Software, if so which one?

H. What size job can you bond? What is your percent bonding rate?

I. Are you willing to travel for work? (Please identify region, states or radius of work area)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Do you have a formal safety program? Yes\_\_\_\_\_ No\_\_\_\_\_

K. What is your Experience Modification Rating from your Insurer?

L. Do you self-certify that you have had no more than three (3) serious, or one (1) repeat, or one (1) willful OSHA or any EPQA violations in the past three (3) years.

Yes\_\_\_\_\_ No\_\_\_\_\_

M. Have you ever been suspended / disbarred from working on Federal Contracts?

**III. TRADE ASSOCIATIONS**

List trade associations with which your organization is affiliated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Mail or Email the information/questionnaire to:**

Mr. Harry Pinero  
Director, Preconstruction  
CTA Builders  
218 Rockmont Drive  
Fort Mill, SC 29708  
Phone: 803-619-2235  
E-mail: [harry@ctabuilders.com](mailto:harry@ctabuilders.com)