



A Service Disabled Veteran / 8(a) Company

Subcontractor Pre-Qualification Form

Date: _____

Company Name: _____

Trade / Capabilities: _____

Contact Person: _____

Contact Phone / Fax _____

Please fill out the entire form in order evaluate the best possible jobs for your company

- How long has your company been in operation?
- Is your company licensed and bonded? If so, how much per project and aggregate?
- Do you have your own equipment to facilitate your work? (Circle one) YES NO
- Please list three previous jobs/client references with contact information.

1.

2.

3.

May we contact you by phone for further discussion? (Circle one) YES NO

Please return the paperwork to the address listed below. Thank you.

110 E. LEXINGTON STREET, SUITE #110 BALTIMORE, MD 21202
PHONE: 410-740-0805 / FAX: 410-740-0806