



**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? \_\_\_\_\_



- 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:

2019: \_\_\_\_\_  
 2020: \_\_\_\_\_  
 2021: \_\_\_\_\_



Work Currently Under Contract: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_

**BONDING**

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

*\* If yes, please answer the following:*

Bonding limit per project: \$ \_\_\_\_\_

Total Aggregate Bonding Limit: \$ \_\_\_\_\_

Value of Work presently Bonded: \$ \_\_\_\_\_

Bonding Agent:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

**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: \$ \_\_\_\_\_



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: \_\_\_\_\_