



# Subcontractor Qualification Form

(Please print legibly and complete in full to receive consideration.)

COMPANY NAME  UNION  OPEN SHOP

TRADE

OWNER

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL WEBSITE

\$ AVERAGE ANNUAL VOLUME OVER LAST 3 YEARS \$ AVERAGE SIZE OF CONTRACT

YEARS IN BUSINESS MANPOWER EMPLOYED

STATE LICENCES TRAVEL DISTANCE

## TYPES OF PROJECTS

- LUXURY RESIDENTIAL  OTHER RESIDENTIAL  TENANT FIT-UP  MEDICAL  INSTITUTIONAL  
 BIG BOX RETAIL  RESTAURANTS  BIO/LABORATORY  COMMERCIAL

## GENERAL CONTRACTOR REFERENCES

NAME PHONE

NAME PHONE

NAME PHONE

## OWNER REFERENCES

NAME PHONE

NAME PHONE

NAME PHONE

## ARCHITECT REFERENCES

NAME PHONE

NAME PHONE

NAME PHONE