



Western States  
GENERAL CONTRACTING

# Contractor Qualification Form

Company Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_ License #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Company Officers:**

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Project Manager:** \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Superintendent:** \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Accounting Contact:** \_\_\_\_\_  
Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Number of years firm has been in operation? \_\_\_\_\_

Is your firm a (please underline one): Corporation - Sole Proprietorship - Partnership - LLC

Are you a certified Minority Business, Small Business, Woman Owned Business? (please specify):

Has your firm ever failed to complete a contract? Yes / No

Within the last five years, has any officer or principal of your organization ever been an officer or a principal of another organization when it failed to complete a construction contract? Yes / No

Are there any claims against your firm? Yes / No

Has your firm ever been involved with Bankruptcy? Yes / No

Has your firm ever been involved with re-organization? Yes / No

Are there any pending judgements against your firm? Yes / No

In the past three years, have you been cityed by OSHA? Yes / No

**\*\*** Please attach a separate sheet if you answered **Yes** to any of the above questions

Does your firm have an **OSHA Compliant** written safety program? Yes / No  
 Do you have an orientation program for new hires? Yes / No  
 Does your firm have a drug testing program? Yes / No  
 Does your firm have a written Quality Program? Yes / No  
 Does your firm have a dedicated person to oversee quality? Yes / No

Average Project Size over the past three years: \_\_\_\_\_

Largest Project Size over the past three years: \_\_\_\_\_ Year: \_\_\_\_\_

2016: 2015: 2014:

Annual Volume in the past three years: \_\_\_\_\_

**Insurance Information:** Please provide a sample Certificate of Insurance showing coverage and limits for General Liability, Automobile Liability, Excess Umbrella Liability and Worker's Compensation.

**\*\*Please supply a separate sheet of at least three trade references.**

**\*\*Please supply a separate sheet of at least three bank references.**

**Form must be signed by an officer or individual so authorized by the firm:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_