

SUBCONTRACTOR QUALIFICATION FORM



Please complete the following form and submit with all requested documentation via mail, email, or fax to:
(If you have any questions or comments, please call or email)

Burton Construction, Inc. Phone: 509-468-4932
Attn: Roxanne Siegert Fax: 509-468-5009
3915 E. Nebraska Ave. Email: mailbox@burtonconstruction.net
Spokane, WA 99217

Firm Name: _____

Doing Business As: _____

Address: _____

Phone: _____ Fax: _____ Web Address: _____

WA State Contractor's License # _____ Average Annual Sales Last 3 Yrs. _____

Year Established _____ Firm's Primary Type Of Work: _____

Licenses From Other States-please check all that apply: Idaho__ Oregon__ Montana__ Other__

CONTACT INFORMATION

Owner and/or President : _____

Primary Point of Contact: _____ Title: _____

Alternate Point of Contact: _____ Title: _____

Primary Email Address: _____ Secondary Email Address: _____

FINANCIAL REFERENCES

Bank: _____ Contact: _____

Address: _____ Phone: _____

_____ Fax: _____

Bonding Company: _____ Agent: _____

Address: _____ Phone: _____

_____ Fax: _____

Insurance Company: _____ Agent: _____

Address: _____ Phone: _____

_____ Fax: _____

1. Has Your Firm Ever Filed Bankruptcy: YES or NO
2. Are There Pending Judgments Against Your Firm? YES or NO
3. Are There Any Claims Against Your Firm? YES or NO
4. Has Your Firm Been Cited For Any State or Federal Safety Violations in the Past 3 Yrs? YES or NO
5. Has Your Firm Ever Failed To Complete A Contract? YES or NO

**** IF YOU ANSWERED YES TO ANY OF THE QUESTIONS LISTED ABOVE, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER (please provide as much detail as possible, including dates)**

6. Is your company a Certified as a minority, woman, and/or disadvantaged owned business enterprise?

Please Circle all that apply: **Minority Owned** **Woman Owned** **Other** _____
Please Define

List the States where your company is Certified and the Certification/License Nos.

State	No.	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Does Your Firm Participate In A Certified Apprenticeship Program? YES or NO

If Yes, Please Provide The Name or Description Of The Program(s) _____

8. BCI is a drug-free work place – Does Your Firm Have A Drug Testing Program? YES or NO

9. Does Your Firm Perform Background Checks On New Hires? YES or NO

10. Does Your Firm Have a Written Safety Policy? YES or NO

Describe The Type of Work That Your Firm Is Interested In Bidding (Brief Description or NAICS or SIC Codes)

On A Separate Sheet Of Paper, Please Provide information from THREE recent Projects, Include: Project Name, Owner, Location, Owner Contact (name, address, phone #, fax #, and email address if available), Description Of Work Performed By Your Firm, Contract Amount, Start Date, Completion Date, Change Orders (dollar amount or % of contract), Percentage of The Contract Completed By Your Firm.