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Date : _____

Attn : Linda King, lking@tofeldent.com

SUBCONTRACTOR QUALIFICATION FORM

In order to be eligible for consideration for doing work for Tofel Dent Construction, please complete this form in its entirety.

1. SUBCONTRACTOR IDENTITY

Company Name : _____

Address : _____

Website: _____

Contacts:

Point of Contact - Bid

Point of Contact - Project Management

Name : _____

Name : _____

Title : _____

Title : _____

Cell : _____

Cell : _____

Email : _____

Email : _____

Number of full time employees : _____

Number of years in business? _____ Years

Arizona State Contractors License Number : _____

Please list previous name of company if applicable : _____

Corporation/Partnership/Sole Proprietorship: _____

Date of Formation: _____

State of Incorporation/Partnership: _____

Federal Identification No./Social Security No: _____

2. VENDOR CLASSIFICATION / CERTIFICATION

Does your company qualify as a:

	Yes	No	Jurisdiction(s)
Minority Owned (MBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Woman Owned (WBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small Disadvantaged (DBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veteran Owned	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. BANK / SALES REFERENCE

Federal Employer ID Number : _____

Bank Reference	Annual Sales Volume
Name : _____	2016 _____
Contact : _____	2017 _____
Telephone # : _____	2018 _____

** If requested, upon intent to award a contract, I agree to provide all requested financial information regarding our organization. ___ Yes ___ No

4. BONDING CAPACITY

Can you provide Bonding? Y N Bonding Company : _____

Address : _____

Single Project Limit : \$ _____ Contact: _____

Total Limit : \$ _____ Phone: _____

5. WORK TYPES

Please check off work types that your company will do :

Multi-Family _____	Institutional _____
Hotel _____	Tenant Fit-up _____
Commercial _____	All _____

Will your company work on prevailing wage jobs? Yes No

Work Categories:

→ Tofel Dent Construction categorizes subcontractors by their trades.

Please be sure to list all that applies to your company.

<u>Trade</u>	<u>Trade</u>
_____	_____
_____	_____
_____	_____

6. REFERENCES

PROJECT REFERENCE : Summarize two (2) representative projects completed in the past two (2) years.

Name of Project :	_____	_____
GC or Client Contact :	_____	_____
Tel # :	_____	_____
Scope of work :	_____	_____
Contract Amt :	_____	_____
Completion Date :	_____	_____

GENERAL CONTRACTOR / CLIENT REFERENCES : Please list four (4).

GC or Client Contact :	_____	_____
Tel # :	_____	_____
Contracts Completed:	_____	_____
Most Recent Completion Date :	_____	_____

7. CURRENT PROJECTS : Summarize two current projects.

Name of Project :	_____	_____
GC or Client Contact :	_____	_____
Tel # :	_____	_____
Scope of work :	_____	_____
Contract Amt :	_____	_____
Scheduled Completion Date :	_____	_____

8. SUPPLIERS : Please list two (2) suppliers / vendors for your company.

Name :	_____
Address :	_____
Phone # :	_____
Contact Name :	_____

Name :	_____
Address :	_____
Phone # :	_____
Contact Name :	_____

9. SAFETY & LOSS CONTROL DATA

List your firms Experience Modifier Rate for the past three (3) years and current year.

2015 _____ 2016 _____ 2017 _____ 2018 _____

Has your company been sited by OSHA in the past five (5) years? YES ___ NO ___

If Yes, please explain : _____

Does your insurance company's loss control specialist visit your project sites? ___ YES ___ NO

If Yes, how often : _____

Highest Ranking Safety Executive

Name: _____

Phone: _____

Email: _____

Certifications: _____

Documented Safety Meetings

(check all that apply)

New Hires
Field Supervisors
Subs/Vendors

Frequency

Company Safety Programs/Policies

- Safety officer conducts safety inspections on all projects
- Have implemented 100% fall protection
- Can provide a site-specific program addressing fall hazards
- New employee safety training
- Employee safety recognition program
- Disciplinary program for safety violations
- Accident / Incident investigations
- Workplace sexual harassment training
- Affirmative action plan for employees
- Review the safety management system of subcontractors
- Written safety program / policy
- Written disciplinary policy

- Annual safety goals
- Return to work / light duty program
- Return to work / light duty program
- Written Confined Space Program
- Written Silica program/policy
- Written Haz Com program/policy

Substance Abuse Screening

- Pre-employment
- Random
- Post Accident
- Reasonable Suspicion

10. LEGAL QUESTIONS

Has your company, or any of its principals ever petitioned for bankruptcy, failed in business, defaulted, or been terminated on an awarded contract? If yes, check here and enter explanatory notes.

Have any of the owners, officers, or major stockholders of your company ever been indicted or convicted of a felony or other criminal conduct? If yes, check here and enter explanatory note.

Has your company ever had a claim made against it for improper, delayed, defective, or non-compliant work or failure to meet warranty obligations? If yes, check here and enter explanatory note.

Is your company or any of the owners, officers, or major stockholders involved in any arbitration or litigation? If yes, check here and enter explanatory note.

10. LEGAL QUESTIONS (Cont.)

Does your company have any outstanding judgements or claims against it? If yes, check here and enter explanatory note.

Has your company or any of the owners, officers, or major stockholders ever been investigate for, or charged with, alleged labor law violations of Immigration Control and Reform Act, state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, local, or state labor laws? If yes, check here and enter explanatory note.

11. SUBCONTRACTORS SIGNATURE

We agree to actively participate in Tofel Dent Construction's :

Job Safety Program : ___ YES ___ NO
Job Close-out Program : ___ YES ___ NO
Warranty Program (1 year) : ___ YES ___ NO

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Date : _____

Print name here : _____

Signature : _____

Title : _____