



3555 E. 42nd Stravenue
Tucson, AZ 85713
(520) 571-0101
(520) 571-0505 (fax)

Date : _____
Attn : _____
Project : _____
(if applicable)

SUBCONTRACTOR QUALIFICATION FORM

*It is our policy, before we use quotes or sign subcontracts, that we ask subcontractors to submit this qualification form.
This enables us to categorize subcontractors within their trade by types and sizes of contracts they can handle.*

1. SUBCONTRACTOR IDENTITY

Company Name : _____

Principal's 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

State Contractors License # : _____

D-U-N-S # : _____

SAMS Registration # : _____

Please list previous name of company if applicable : _____

Corporation/Partnership/Sole Proprietorship: _____

Date of formation: _____

State of Incorporation/Partnership: _____

Federal Identification # / Social Security #: _____

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

Bank Reference	Annual Sales Volume
Name : _____	2021: _____
Contact : _____	2022: _____
Phone # : _____	2023: _____
Email : _____	

4. BONDING CAPACITY

Do you have Bonding? Y N Bonding Company : _____

Address : _____

Single Project Limit : \$ _____ Contact : _____

Total Limit : \$ _____ Phone : _____

Email : _____

5. WORK TYPES

Please check off work types that your company will do :

Multi-Family _____	Institutional _____
Hotel _____	Tenant Fit-up _____
Commercial _____	All <input type="checkbox"/>

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

GENERAL CONTRACTOR / CLIENT REFERENCE: Please list four (4)

GC or Client Contact :	_____	_____
Phone # :	_____	_____
Email :	_____	_____
\$ of Contracts Completed :	_____	_____
Most Recent Completion Date :	_____	_____

GC or Client Contact :	_____	_____
Phone # :	_____	_____
Email :	_____	_____
\$ of Contracts Completed :	_____	_____
Most Recent Completion Date :	_____	_____

7. CURRENT PROJECTS : Summarize two (2) current projects.

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

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

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

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

9. SAFETY & LOSS CONTROL DATA

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

2020 _____ 2021 _____ 2022 _____ 2023 _____

Has your company been cited by OSHA in the past five (5) years?

YES NO

If Yes, please explain : _____

Does your insurance company's loss control specialist visit the project site?

YES NO

If Yes, how often : _____

Highest Ranking Safety Executive

Name : _____

Phone : _____

Email : _____

Certifications : _____

Documented Safety Meetings

(check all that apply)

Frequency

<input type="checkbox"/>	New Hires	_____
<input type="checkbox"/>	Field Supervisors	_____
<input type="checkbox"/>	Subs/Vendors	_____

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
- 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.

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 investigated 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 :	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Job Closeout Program :	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Warranty Program (1 year) :	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

12. FINANCIAL INFORMATION

Please attach the following to this form:

- 1) Last two (2) years of your corporate financial statement
- 2) Recent Certificate of Insurance
- 3) Letter from your bonding agent confirming limits and rates

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

Date : _____

Print Name Here : _____