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Date : _____

Attn : Linda King

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

Project : _____

Company Name : _____

Address : _____

Telephone # : _____

Email for _____

Bid Invites: _____

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 or Individually Owned? _____

Date of Incorporation/Partnership: _____

State of Incorporation/Partnership _____

2. VENDOR CLASSIFICATION / CERTIFICATION

Does your company qualify as a:

Minority Owned (MBE)	<u>Yes / No</u>
Woman Owned (WBE)	<u>Yes / No</u>
Small Disadvantaged (DBE)	<u>Yes / No</u>
Veteran Owned	<u>Yes / No</u>

3. BANK / SALES REFERENCE

Federal Employer ID Number : _____

Bank Reference	Annual Sales Volume
Name : _____	2014: _____
Contact : _____	2015: _____
Telephone # : _____	2016: _____

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

4. BONDING CAPACITY

Do you have Bonding? Y N Bonding Company : _____
Address : _____
Single Project Limit : _____
Total Limit : _____

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 Construction categorizes subcontractors by their trades.
Please be sure to list all that applies to your company.

Trade

Trade

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 REFERENCE : Please list two (2).

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

7. CURRENT PROJECTS : Summarize (2) 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 :	_____	Name :	_____
Address :	_____	Address :	_____
Phone # :	_____	Phone # :	_____
Contact Name :	_____	Contact Name :	_____

9. SAFETY & LOSS CONTROL DATA

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

2014 _____ 2015 _____ 2016 _____ 2017 _____

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 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
- Addicent / 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

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 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 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 : _____