



# SUBCONTRACTOR QUALIFICATION FORM

Submit form to: The Conlan Company  
1800 Parkway Place, Suite 1010  
Marietta, Georgia 30067  
Ph: 770.423.8000/Fx: 770.423.8010  
Email: [Info@conlancompany.com](mailto:Info@conlancompany.com)

Please complete form in its entirety and return to the above referenced location.

## FIRM INFORMATION

Name:	_____		
Address:	_____ _____		
City/State/Zip:	_____		
Telephone:	_____	Federal Tax ID #	_____
Fax:	_____	Sales Tax ID#	_____
Email:	_____		
Website:	_____		
Contact Name:	_____		
President:	_____		
Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other:		
		Dun & Bradstreet #	_____
		DBE Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		HUB Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		MBE Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		SBE Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		VBE Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		WBE Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes to any above, list County/ST certified:	

## FIRM HISTORY

Years in business: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Does your firm have internet access: Yes No

Able to download drawings via the internet: Yes No

Geographic area(s) of operation: \_\_\_\_\_  
\_\_\_\_\_

Percentage of work performed by own forces: \_\_\_\_\_ %

Total permanent staff: \_\_\_\_\_ Average field forces: \_\_\_\_\_

Bidding range:      Minimum \$ \_\_\_\_\_      Maximum \$ \_\_\_\_\_

Total bonding capacity:      \$ \_\_\_\_\_

Value of work presently bonded:      \$ \_\_\_\_\_

Bond rate:      \_\_\_\_\_ %

Work under contract:      \$ \_\_\_\_\_

Annual sales last 3 years:      \$ \_\_\_\_\_ /20\_\_\_\_      \$ \_\_\_\_\_ /20\_\_\_\_      \$ \_\_\_\_\_ /20\_\_\_\_



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### BONDING INFORMATION

Bonding Company: \_\_\_\_\_

Agent: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Bank: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Has firm ever failed to complete a contract? Yes(\_\_\_\_) No(\_\_\_\_)

If yes, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has firm ever filed bankruptcy? Yes(\_\_\_\_) No(\_\_\_\_)

If yes, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SAFETY

Safety EMR Rating last 3 years: \_\_\_\_\_ /20\_\_\_\_ \_\_\_\_\_ /20\_\_\_\_ \_\_\_\_\_ /20\_\_\_\_

**OSHA 300A Log:** Enter last three (3) calendar years and current year. Provide a copy of each OSHA 300 & 300A log.

Year	DART Rate	No. of Employees	Total Hours Worked	(J) Other Recordable Cases	(I) Job Transfers/Restrictions	(H) Lost Time	(G) Fatalities

**FATALITIES:** Provide a separate document that contains an explanation of any fatalities that occurred. Indicate the contributing factors and preventative measures implemented in response to the event.

**OSHA Citations:** Provide a separate document that contains all OSHA Citations issued (proposed, under contest/appeal, and final/closed) in the past 5 years. Explain why the citation was issued and what corrective actions have been implemented to minimize the potential for reoccurrence.



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### **EXPERIENCE – CURRENT OR COMPLETED PROJECTS**

**Project Name:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**General Contractor:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**Contract Amount:** \$ \_\_\_\_\_ **Percentage Complete:** \_\_\_\_\_ %  
**Type of Work:** \_\_\_\_\_  
**Completion Date:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**General Contractor:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**Contract Amount:** \$ \_\_\_\_\_ **Percentage Complete:** \_\_\_\_\_ %  
**Type of Work:** \_\_\_\_\_  
**Completion Date:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**General Contractor:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**Contract Amount:** \$ \_\_\_\_\_ **Percentage Complete:** \_\_\_\_\_ %  
**Type of Work:** \_\_\_\_\_  
**Completion Date:** \_\_\_\_\_



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I attest that, to the best of my knowledge, the information contained herein is accurate.

**Firm Name:** \_\_\_\_\_

**By:** \_\_\_\_\_

*Authorized Signature*

**Name:** \_\_\_\_\_

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

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