



THE  
**CONLAN**  
COMPANY

## SUBCONTRACTOR QUALIFICATION FORM

Submit form to: The Conlan Company  
1850 Parkway Place, Suite 1200  
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:	_____	Dun & Bradstreet # _____
Website:	_____	DBE Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name:	_____	HUB Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
President:	_____	MBE Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other:	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\_\_\_\_



THE  
**CONLAN**  
COMPANY

## SUBCONTRACTOR QUALIFICATION FORM

Submit form to: The Conlan Company  
1850 Parkway Place, Suite 1200  
Marietta, Georgia 30067  
Ph: 770.423.8000/Fx: 770.423.8010  
Email: [Info@conlancompany.com](mailto:Info@conlancompany.com)

### 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.



## SUBCONTRACTOR QUALIFICATION FORM

Submit form to: The Conlan Company  
1850 Parkway Place, Suite 1200  
Marietta, Georgia 30067  
Ph: 770.423.8000/Fx: 770.423.8010  
Email: [Info@conlancompany.com](mailto:Info@conlancompany.com)

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



THE  
**CONLAN**  
COMPANY

## SUBCONTRACTOR QUALIFICATION FORM

Submit form to: The Conlan Company  
1850 Parkway Place, Suite 1200  
Marietta, Georgia 30067  
Ph: 770.423.8000/Fx: 770.423.8010  
Email: [Info@conlancompany.com](mailto:Info@conlancompany.com)

---

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

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

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

*Authorized Signature*

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

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

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