

85 Fieldstone Court, Unit 1
Cheshire, Ct 06410



Telephone: (203) 439-9320
Fax: (203) 439-9319

SUBCONTRACTOR PRE-QUALIFICATION FORM

Please complete the following information requested and
Email or Fax to: estimating@nosalbuilders.com

Company Name: _____

Primary Business Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Federal ID # _____ CT Tax Registration # _____

Web Address: _____

Please attach a copy of your W-9 and Connecticut License when returning this form.

Trade(s) Performed: _____

Areas Serviced: _____

Structure Type(s):

<input type="checkbox"/> Commercial	<input type="checkbox"/> Education	<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Industrial	<input type="checkbox"/> Military	<input type="checkbox"/> Religious
<input type="checkbox"/> Residential	<input type="checkbox"/> Retail	<input type="checkbox"/> Transportation	<input type="checkbox"/> Utilities

Other(s): _____

Work Type(s): New Alterations/Rehabilitations Interior Fit-Ups

Typical Project Dollar Size: _____

Annual Dollar Volume of Work: _____

Years in Business: _____ Number of Employees: _____

Labor Affiliation: Union Non-Union Prevailing Wage

**SUBCONTRACTOR PRE-QUALIFICATION
FORM cont'd**

Do your employees comply with OSHA 10 requirements? ___Y ___N

Business Certifications:
(Please attach copies of the certificates)

_____ Minority Business Enterprises (MBE)	_____ Disadvantaged Business Enterprise (DBE)
_____ Woman Business Enterprise (WBE)	_____ Local Business Enterprise (LBE)
_____ Small Business Enterprise (SBE)	_____ Veterans Business Enterprise (VBE)

Other Business Certificate(s): _____

Manufacturer Certifications: _____

Trade Associations and/or Organizations: _____

Projects Recently Completed:

Project Title: _____

Location: _____

Trade(s) Performed: _____

Contract Amount: _____ Date Completed: _____

Owner/CM/GC Contact Name: _____ Phone: _____

Project Title: _____

Location: _____

Trade(s) Performed: _____

Contract Amount: _____ Date Completed: _____

Owner/CM/GC Contact Name: _____ Phone: _____

Project Title: _____

Location: _____

Trade(s) Performed: _____

Contract Amount: _____ Date Completed: _____

Owner/CM/GC Contact Name: _____ Phone: _____

Form completed by: _____ Title: _____

Signature: _____ Date: _____