

SUBCONTRACTOR QUALIFICATION FORM

Company name: _____ Address: _____ Phone: _____ Fax: _____ Email address: _____ Federal ID Number: _____ Cage Code: _____ Number of employees: _____ Company held licenses: _____ Company certifications: _____	Date: _____ Please check all that apply to your company for Federal business classification types <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Large Business</td> <td><input type="checkbox"/> Small Disadvantaged (SDB)</td> </tr> <tr> <td><input type="checkbox"/> Small Business (SB)</td> <td><input type="checkbox"/> Federal HUBZone (HUB)*</td> </tr> <tr> <td><input type="checkbox"/> Veteran Owned Small Bus. (VOSB)</td> <td><input type="checkbox"/> Service Disabled Veteran Owned Small Business (SDVOSB)</td> </tr> <tr> <td><input type="checkbox"/> Woman-Owned Small Bus. (WOSB)</td> <td></td> </tr> </table> 8(a) Certification Date*: _____ SBA HUB Zone Certification Date*: _____ Company memberships: _____	<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Disadvantaged (SDB)	<input type="checkbox"/> Small Business (SB)	<input type="checkbox"/> Federal HUBZone (HUB)*	<input type="checkbox"/> Veteran Owned Small Bus. (VOSB)	<input type="checkbox"/> Service Disabled Veteran Owned Small Business (SDVOSB)	<input type="checkbox"/> Woman-Owned Small Bus. (WOSB)	
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**Please attach your U. S. Small Business Administration certification letter as verification for 8(a) SDB & HUB Zone.*

CORPORATE OFFICERS – PARTNERS - PROPRIETORSHIP

Name:	Position:	Percentage of Ownership or Partnership:

Type of work your company specializes in: _____

Areas willing to travel to for projects: _____

HISTORY-JOB EXPERIENCE

Name/Address/Telephone Number/Contact Name at Bonding Company: _____

Largest Bonded Job: \$ _____	Date: _____
Largest Unbonded Job: \$ _____	Date: _____
Average Annual Sales Volume: \$ _____	
Current amount of work on hand (back-log): \$ _____	

List three representative jobs completed in past three years:

Agency/Gov't Entity work was performed for:		Period of Performance (month/year thru month year):	
Project Title & Location:		Project Value:	
Description of Work:			
Person to contact:		Phone Number:	
Agency/Gov't Entity work was performed for:		Period of Performance (month/year thru month year):	
Project Title & Location:		Project Value:	
Description of Work:			
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Email to lsmith@jjkllc.com or FAX to 301-340-7636