



Subcontractor Qualification Form

Please send this completed form to Firewatch Contracting Email: cdarnell@fwcontracting.com Phone# 813-839-3000 FAX: 813-839-3003

SUBCONTRACTOR INFORMATION PROFILE FOR LARGE AND SMALL BUSINESSES

Company Name: _____
Street Address: _____
City: _____ State/Zip: _____
Office Phone: _____ Office Fax: _____
License #: _____ DUNS #: _____
Principal Owner/Operator Name: _____
Principal Owner/Operator Phone: _____
Contact Name/Position: _____
Contact Phone: _____
Contact Email Address: _____
Division(s): _____

(Check all that apply – click on box to check)

- ☐ Large Business ☐ Small Business
☐ Women-Owned Small Business ☐ Veteran-Owned Small Business
☐ Service-Disabled Veteran-Owned Small Business
☐ Small Disadvantaged Business
☐ Historically Underutilized Business Zone (HUBZone) – *Must be approved by SBA*
☐ Company is registered on the governments SAM Website (www.sam.gov) SAM Expiration Date: _____

Required for Small Businesses Only . . .

As the Principal Owner/Operator of the company noted, I hereby verify that this business qualifies for the Small Business Certification checked off on this form and meets the size standard requirements within this Industry Group:

Industry Group	Size Standard
Manufacturing	500 employees
Wholesale Trade	100 employees
General & Heavy Construction	\$31.0 million
Special Trade Contractors	\$13.0 million
Architectural, Engineering & Surveying	\$4.5 million

Signature: _____

Name & Title: _____

Date: _____

SUBCONTRACTOR SAFETY PROFILE QUESTIONNAIRE

Corp. Officer in charge of Safety Program: _____ (required per Federal Code of Regulations)

YOUR COMPANY'S SAFETY COMPLIANCE PROGRAM

Written Safety Program/I.I.P.P.? ☐ Yes ☐ No Last Revised? Year _____
Written Code of Safe Practices? ☐ Yes ☐ No Last Revised? Year _____
Any OSHA Citations issued to you in the past 3 years? ☐ Yes ☐ No (If yes, attach information)
Any Safety Awards issued to you in the past 3 years? ☐ Yes ☐ No (if yes, attach information)

(Check all that apply – click on box to check)

On-site, Your firm requires workers to wear ... (*GC requires for all workers)

☐ Eye Protection* ☐ Hard Hats* ☐ Work Boots* ☐ Hearing Protection ☐ Respirators ☐ Long Pants* ☐ Steel Toe Boots*
Weekly Tail-Gate/Safety Training On-Site ☐ Yes ☐ No Documented: ☐ Yes ☐ No
Regular Site-Safety Inspections: ☐ Yes ☐ No Documented: ☐ Yes ☐ No
MSDS's: On Site (site specific) ☐ Yes ☐ No
Equipment Manuals On-site: ☐ Yes ☐ No ☐ N/A
First Aid/C.P.R. Trained Personnel On-Site? ☐ Yes ☐ No
Competent Person Assigned On-Site? ☐ Yes ☐ No
Can documentation of OSHA Certifications be provided? ☐ Yes ☐ No

Provide Current and previous 2 years of Experience Modification Rate (EMR): **Note: Must be less .99 or below.**

Current EMR_____, Year_____ EMR_____, Year_____ EMR_____

OTHER REQUIRED SUBCONTRACTOR INFORMATION

Company Type...

Years in Business: _____ Annual Volume: _____

Description of Work: _____

Geographical Regions Willing to Work: _____

Bonding Capacity: _____ Bonding Rate: _____

Bonding Agent: _____ Surety Company: _____

Street Address: _____

City: _____ State/Zip: _____

Contact: _____ Phone: _____

Insurance Agent: _____

Street Address: _____

City: _____ State/Zip: _____

Contact _____ Phone _____

# of Employees	Subcontract Amount	\$
_____	Best Suited	_____

☐ Corporation, State of:

☐ Subsidiary

Name of Parent Company:

☐ Partnership

☐ Sole Proprietorship

SUBCONTRACTOR EXPERIENCE PROFILE QUESTIONNAIRE

Please provide information on three contracts or subcontracts your firm has completed during the past five years or that are currently in process. Have you ever completed any Federal projects ☐ Yes ☐ No If yes please list these projects.

Project Name: _____

Contractor: _____ Phone: _____

Owner: _____ Phone: _____

Location: _____ Amount: _____

Start Date: _____ Completion Date: _____

Description of Work Performed: _____

Project Name: _____

Contractor: _____ Phone: _____

Owner: _____ Phone: _____

Location: _____ Amount: _____

Start Date: _____ Completion Date: _____

Description of Work Performed: _____

Project Name: _____

Contractor: _____ Phone: _____

Owner: _____ Phone: _____

Location: _____ Amount: _____

Start Date: _____ Completion Date: _____

Description of Work Performed: _____

SUBCONTRACTOR TRADE REFERENCES

Please provide three (3) companies for credit references.

Company Name _____

Contact Name: _____ Phone: _____

Address _____ Fax# _____

City/St _____

Start Date: _____ Credit Limit _____

Account Type / Description _____

Company Name _____

Contact Name: _____ Phone: _____

Address _____ Fax# _____

City/St _____

Start Date: _____ Credit Limit _____

Account Type / Description _____

Company Name _____

Contact Name: _____ Phone: _____

Address _____ Fax# _____

City/St _____

Start Date: _____ Credit Limit _____

Account Type / Description _____

Signature: _____ Title: _____ Date: _____