



# SUBCONTRACTOR QUALIFICATION FORM

Please fill out the following form as complete as possible and submit with all requested documentation via mail, email, or fax to: (If you have any questions or comments, please call or email)

**Burton Construction, Inc. Phone: 509-468-4932**  
**Attn: Roxanne Siegert Fax: 509-468-5009**  
**3915 E. Nebraska Ave. Email: mailbox@burtonconstruction.net**  
**Spokane, WA 99217**

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

Doing Business As: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_

Year Established \_\_\_\_\_ Firm's Primary Type Of Work: \_\_\_\_\_

WA State Contractor's License # \_\_\_\_\_ Ave. Annual Gross Revenue Last 3 Yrs. \_\_\_\_\_

List other States that your company is licensed in: \_\_\_\_\_

Is your Firm a Washington State Certified as a minority, woman, veteran, and/or disadvantaged owned business enterprise? (Check all that apply)

Minority Owned \_\_\_ Woman Owned \_\_\_ Veteran Owned \_\_\_ Other \_\_\_\_\_  
Please Define

List any other States where your Firm has the above listed certifications.

State	Cert. Type	No.	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Federal certifications and designations (check all that apply): Small Business \_\_\_ Large Business \_\_\_

WOSB \_\_\_ DBE \_\_\_ 8(a) \_\_\_ SDB \_\_\_ HUBZone \_\_\_ VOB \_\_\_ SDVOSB \_\_\_ Native or Tribally Owned \_\_\_

For VOB or SDVOSB is your Firm verified by the Department of Veterans Affairs CVE? YES or NO  
(circle one)

Average Yearly Number Of Employees \_\_\_\_\_ Current Number of Employees \_\_\_\_\_

Bonding Capabilities: Single Project \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

## CONTACT INFORMATION

Owner and/or President/CEO : \_\_\_\_\_

Primary Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone Number:: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone Number:: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**FINANCIAL REFERENCES**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

1. Has Your Firm Ever Filed Bankruptcy? YES or NO
2. Are There Pending Judgments Against Your Firm? YES or NO
3. Are There Any Claims Against Your Firm? YES or NO
4. Has your Firm had any OSHA or other Safety Violations in the past 3 years? YES or NO
5. Has Your Firm Ever Failed To Complete A Contract? YES or NO

**\*\* IF YOU ANSWERED YES TO ANY OF THE QUESTIONS LISTED ABOVE, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER (please provide as much detail as possible, including dates)**

6. Does Your Firm Participate In A Certified Apprenticeship Program? YES or NO

If Yes, Please Provide The Name or Description Of The Program(s) \_\_\_\_\_  
\_\_\_\_\_

7. If you are considering bidding on a Federal Project are your employees E-Verified? YES or NO
8. BCI is a drug-free work place – Does Your Firm Have A Drug Testing Program? YES or NO
9. Does Your Firm Perform Background Checks On New Hires? YES or NO
10. Does Your Firm Have a Written Safety Policy? YES or NO
11. What is your Firm's current Insurance Experience Modification Rating (EMR) \_\_\_\_\_
12. Describe The Type of Work That Your Firm Is Interested In Bidding (Brief Description or NAICS or SIC Codes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On the following page please provide the requested information from THREE recent projects.**

### PROJECT 1

Project Name	
Project Owner	
Location	
Point of Contact Name / Title	
Point of Contact Phone /Email	
Your Role In Contract	Prime      Subcontractor      Consultant      (please circle one)
Description of Work Your Firm Performed	
Initial Contract Total:	Final Contract Total:
Start Date:	Final Completion Date:
Any Significant Issues / Resolution	

### PROJECT 2

Project Name	
Project Owner	
Location	
Point of Contact Name / Title	
Point of Contact Phone /Email	
Your Role In Contract	Prime      Subcontractor      Consultant      (please circle one)
Description of Work Your Firm Performed	
Initial Contract Total:	Final Contract Total:
Start Date:	Final Completion Date:
Any Significant Issues / Resolution	

### PROJECT 3

Project Name	
Project Owner	
Location	
Point of Contact Name / Title	
Point of Contact Phone /Email	
Your Role In Contract	Prime      Subcontractor      Consultant      (please circle one)
Description of Work Your Firm Performed	
Initial Contract Total:	Final Contract Total:
Start Date:	Final Completion Date:
Any Significant Issues / Resolution	