

SUBCONTRACTOR QUALIFICATION

Email c	completed form to subcontractors	s@bsmconst.con	or fax to (925) 688-1100
	Name: Contact:		
Phone:	Fax:		
Geographic locations serve	ed:		
Divisions of work performe	d:		
	rship Sole Proprietor (please s WBE: Yes No Ler		
			a Drug Testing Program: Yes No
BID REQUESTS			
Contact for Bid Requests:			Phone:
E-mail Address:			Fax:
COMPANY PRINCIPALS	/ OFFICEDS		
Name:		Name:	
Titlo:		Title:	
Home Phone:		Home Phone	<u> </u>
Home Address:		Home Addre	
Tione Address.		Home Addre	
LICENSES			
Contractor's License #:		Tax ID #:	
Additional Classifications		_	
Additional Classifications		_	
		_	
BANKING, BONDING & IN Bank:			Phone:
Address:			Fow
Line of Credit: Yes	Na Amazinti C		
Bonding Company (License	-		
Bonding Company (Perform			
		Phone:	Fax:
Insurance Agent:		Phone:	Fax:
		_	
UNION AFFILITIONS			
Name:	Chapter:		Phone:
Name:	Chapter:		Phone:
REFERENCES (Current & I	ncludes two general contractors)	SUPPLIERS	(Three Largest Suppliers)
1.	Phone:	1.	Phone:
2.	Phone:	2.	Phone:
3.	Phone:	3.	Phone
Largest contract in past ye		For Whom:	
	in a claim dispute with any of you ate document and include with this form.)		actors? Yes No
Are you currently involved	in any lawsuits? Tyes No		
(If yes, please explain in a separa Have you ever filed bankru	ate document and include with this form.) uptcy? Yes No)	
	n is true and correct and authorize you to	contact the above re	eferences regarding our credit standing or past
performance.			Title
Signature: Print Name:			Title: Date:
i iiii ivaiiic.			Date.