



SUBCONTRACTOR PREQUALIFICATION FORM

SUBCONTRACTOR IDENTITY

Company Name _____
Complete Address _____
Phone Number _____ Fax Number _____
Contact Name _____ Email Address _____
Contractor License # _____
Type of Company Corporation Partnership Sole Proprietorship Other _____
Date formed _____
Size of projects preferred \$ _____ Project location preferred _____
Does the company have offices, plants or warehouse at other locations? Yes No
If yes, list addresses: _____

TRADE (S) OF WORK

Union Affiliation _____

COMPLETED PROJECTS List four (3) representative projects completed in the last five (5) years.

Name of Project	Contracting Company	Contract Amount	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature _____

Print Name _____

Title _____

Date _____

WHEN COMPLETE, FAX THIS FORM TO (801) 261-8380

ATTN: CATHY FESTIN