



SUBCONTRACTOR PREQUALIFICATION

Contact Information

Company: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Website: _____
 License: _____

Date: _____
 Contact: _____
 Title: _____
 Phone: _____
 Cell: _____
 Fax: _____
 Email: _____

Insurance & Bonding Capacity

Bond Rate: _____

Insurance Limits: _____

Bidding Information

Union Affiliation: _____

Current EMR: _____

Worked on the following: USCG Veterans Admin Navy Army/Airforce Boeing

Private Medical Clients: _____

Minority Status: DBE MBE WBE HUB 8(a) SDVOB

Work Performed – Check all that apply: Vendor Subcontractor

<u>Scope Number</u>	<u>Scope Description</u>	<u>Scope Number</u>	<u>Scope Description</u>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____



Under Washington's workers' compensation laws (RCW 51.12.070) I am obligated to provide your company with certain information about our company in the event you subcontract our work to us. This information is being provided to help you comply with RCW 51.12.070.

My Business Information

Legal Business Name: _____

I am doing business under the following DBA: _____

Physical Address (Principal place of business where books and records are kept)

Address: _____

City: _____ State: _____ Zip: _____

My Tax and Licensing Information

Contractor Registration or License Number: _____ Expires: _____

L & I Insurance Account Number: _____ UBI Number: _____

Dept of Revenue Tax Number: _____

Employment Security Tax Number: _____

Accountant / Bookkeeper Contact

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

It is our understanding of the pertinent tax laws that our principal place of business does qualify as an expense item on our Federal Income Tax Return and that we are keeping books and records that reflect all items of income and expenses for our business as required by the IRS. If you have questions, feel free to contact me at _____

Signed: _____ Title: _____

Printed: _____ Date: _____