



### Subcontractor/Vendor Pre-Qualification Application

It is the policy of Fort Myer Construction Corporation to pre-qualify our subcontractors prior to bidding on any of our projects. You will be required to pre-qualify annually to be able to continue bidding on work. Fort Myer Construction Corporation may request that this form be completed on a job specific basis rather than just annually if the scope or size of the project is greater than the subcontractor's historical amount.

All financial information collected will be kept confidential.

**Project Name** \_\_\_\_\_  
(If applicable)

#### General Information

Legal Name of Firm: \_\_\_\_\_

Registered Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Your business is: Sole Proprietorship  Partnership   
Corporation  LLC

If incorporated, please provide date and state of incorporation:

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#### Provide the names and titles of your firm's principal contacts

Principal Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Estimating Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Safety**

Do you have a written safety plan that satisfies OSHA requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a designated Safety Officer?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Phone \_\_\_\_\_

Fort Myer Construction may require additional information regarding your company’s safety history and record upon review of the information provided herein.

**Geographical Work Area, Certification, and Capabilities**

List the states in which you are licensed to perform work:

\_\_\_\_\_

List categories of work you are qualified to perform with your own personnel

\_\_\_\_\_

\_\_\_\_\_

List categories of work that you normally subcontract to others

\_\_\_\_\_

\_\_\_\_\_

		Yes	No
<b>Certifications</b>	MBE	<input type="checkbox"/>	<input type="checkbox"/>
	DBE	<input type="checkbox"/>	<input type="checkbox"/>
	DDOT/WMAT/VDOT/	<input type="checkbox"/>	<input type="checkbox"/>
	WBE	<input type="checkbox"/>	<input type="checkbox"/>
	CBE	<input type="checkbox"/>	<input type="checkbox"/>
	8A SBA	<input type="checkbox"/>	<input type="checkbox"/>
	Disabled Veteran Owned Business	<input type="checkbox"/>	<input type="checkbox"/>
	Hub-Zone Business	<input type="checkbox"/>	<input type="checkbox"/>

**List all Contractors licenses**

\_\_\_\_\_

**List all Equipment and Company Vehicles**

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**References**

List the three largest projects you have worked on in the last three years: Commercial or Government, were you the Prime or Subcontractor? Yes\_\_\_ No\_\_\_

1. Project Name: \_\_\_\_\_

Contract Value: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Brief Description:**

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2. Project Name: \_\_\_\_\_

Contract Value: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Brief Description:**

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3. Project Name: \_\_\_\_\_

Contract Value: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Brief Description:**

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**List any major projects you have worked on with Fort Myer Construction Corporation:**

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**List three major General Contractors you have worked with in the last three years:**

1. Company Names: \_\_\_\_\_

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

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

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

2. Company Names: \_\_\_\_\_

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

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

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

3. Company Names: \_\_\_\_\_

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

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

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

**List three major Suppliers you have worked with in the last three years :**

1. Company Names: \_\_\_\_\_

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

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

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

2. Company Names: \_\_\_\_\_

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

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

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

3. Company Names: \_\_\_\_\_

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

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

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

**Financial Information**

Name of Your Primary Bank: \_\_\_\_\_

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

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

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

**Bonding Capacity**

What is your bonding capacity?

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

Who is your bonding company?

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

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

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

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

**Additional Attachments**

In order for pre-qualification to be accepted, please attach the following items

- A copy of your standard insurance certificate listing all insurance coverage types and limits
- Provide copies of all your certifications

**Please assure that the application is completed in its entirety and return to Fort Myer Construction Corporation.**

Mail

Fort Myer Construction Corporation

Email

Attn: Estimating

bids@fortmyer.com

2237 33<sup>rd</sup> Street, NE

Fax

Washington, DC 20018-1594

(202) 204-6325

[www.fortmyer.com](http://www.fortmyer.com)

**Fort Myer Construction Corporation reserves the right to reject any subcontractor or supplier based upon review of the enclosed information and any additional information requested.**

**Fort Myer Construction Corporation is an equal opportunity employer.**

**Completed by**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_