



# SUBCONTRACTOR QUALIFICATION FORM

DATE: \_\_\_\_\_

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

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

Principle: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

*Part I*

## ***Industry Qualifications***

*Please check all services provided by your firm:*

- Renovation/Remodeling
- New Construction
- Demolition
- Architecture/Engineering
- Other \_\_\_\_\_

Primary SIC Codes: \_\_\_\_\_

Secondary SIC Codes: \_\_\_\_\_

States Licensed to Work: \_\_\_\_\_

Union/Open Shop: \_\_\_\_\_

Bonding Capacity:      0 Single \$ \_\_\_\_\_      0 Aggregate \$ \_\_\_\_\_

*Has your firm ever failed to complete any work awarded to you, or been debarred by a Federal/State/Local government concern? If yes, please explain briefly here:*

---



---



---



---

EEC, Incorporated  
 3303 Hubbard Rd. Landover, MD 20785  
 Phone (301) 341-1000 \* Fax (301) 341-1009  
 Contact Person: George Knight  
 E-mail: george@eecinc.com

**FIRM QUALIFICATIONS**

Type of Organization:             Sole Proprietor  
    Partnership  
    Corporation . State of Incorporation \_\_\_\_\_  
    Certified MDE . Jurisdiction: \_\_\_\_\_

Firm Officers:

\_\_\_\_\_  
*President*

\_\_\_\_\_  
*Secretary*

\_\_\_\_\_  
*Treasurer*

Firm Departmental Contacts:

\_\_\_\_\_  
**Contract Negotiations . Title**

\_\_\_\_\_  
**Estimating . Title**

\_\_\_\_\_  
**Field Operations . Title**

Years in business under present name: \_\_\_\_\_

Annual Dollar Volume:            In Progress \$ \_\_\_\_\_  
   Last Year \$ \_\_\_\_\_

Number of Employees:            Office . Administrative    \_\_\_\_\_  
   Field . Supervisory        \_\_\_\_\_  
   Field . Craftsman          \_\_\_\_\_

Size of Subcontract best suited for your organization

Low \$ \_\_\_\_\_ High \$ \_\_\_\_\_

References:

EEC, Incorporated  
3303 Hubbard Rd. Landover, MD 20785  
Phone (301) 341-1000 \* Fax (301) 341-1009  
Contact Person: George Knight  
E-mail: george@eecinc.com

**A. General Contractors**

*Please provide three (3) general contractors with whom you have worked in the past year. (Please supply complete address with zip code)*

Company Name and Address:

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

Project Title: \_\_\_\_\_  
Contract #: \_\_\_\_\_  
Location: \_\_\_\_\_  
\$ Amount: \_\_\_\_\_

Company Name and Address:

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

Project Title: \_\_\_\_\_  
Contract #: \_\_\_\_\_  
Location: \_\_\_\_\_  
\$ Amount: \_\_\_\_\_

Company Name and Address:

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

Project Title: \_\_\_\_\_  
Contract #: \_\_\_\_\_  
Location: \_\_\_\_\_  
\$ Amount: \_\_\_\_\_

**B: Trade References**

*Please specify three (3) companies for credit references, with complete address.*

Company Name and Address:

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

Contact and Phone:

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

Company Name and Address:

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

Contact and Phone:

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

Company Name and Address:

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

Contact and Phone:

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

*In the space below, please provide any additional information that may be helpful in determining your firm 's qualifications.*

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

EEC, Incorporated  
3303 Hubbard Rd. Landover, MD 20785  
Phone (301) 341-1000 \* Fax (301) 341-1009  
Contact Person: George Knight  
E-mail: george@eecinc.com