



Structured around service.

Subcontractor Pre-Qualification Information

PO Box 15820, Rio Rancho, NM 87174

Phone: 505-892-6163 • Fax: 505-892-3371

GENERAL INFORMATION			Date Submitted:
Company Legal Name:			
Address/City/State/Zip:			
Phone: ()		Fax: ()	
Primary Contact Name:		Primary Contact Phone: ()	
Primary Contact Email Address:		Company Website:	
Estimator Contact Name:		Estimator Contact Phone: ()	
ORGANIZATION INFORMATION			
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Venture			
Date Established:		Contractors License No.:	
Total No. of Employees in NM:		Are you a DBE, MBE, WBE, VOSE, or SBE?	
Names and Titles of Officers:	Home Address:		Home Phone:
CONSTRUCTION / FINANCIAL / BIDDING INFORMATION			
Annual Gross Sales for last (3) Years	2010:	2009:	2008:
List all Trades that you want to bid:			
Has your organization ever failed to complete any work awarded to it? (If so, please explain on a separate sheet)			
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your company or officers? (If so, please explain on a separate sheet)			
Desired Project Size: <input type="checkbox"/> \$25,000 or below <input type="checkbox"/> \$25,001-\$100,000 <input type="checkbox"/> \$100,001-\$250,000 <input type="checkbox"/> \$250,001-\$500,000 <input type="checkbox"/> \$500,001-\$1,000,000 <input type="checkbox"/> \$1,000,001 or more			
Bonding / Insurance / Banking Information			
Surety Company:		Contact Name:	
Phone: ()		Fax: ()	
Total Aggregate Bonding Capacity:		Current Available Bonding Capacity:	
Insurance Company:		Contact Name:	
Phone: ()		Fax: ()	
Please attach an Insurance Certificate with your Pre-Qualification Form for review.			
Bank Name:		Contact Name:	
Phone: ()		Fax: ()	
SAFETY INFORMATION			
Experience Mod Rate for last (3) Years	2010:	2009:	2008:
Recordable Incident Rate for last (3) Years	2010:	2009:	2008:

PROJECT EXPERIENCE INFORMATION	
List 3 most significant projects CURRENTLY under construction	List 3 most significant projects COMPLETED in the last 3 years
Project #1:	Project #1:
Location:	Location:
Contract Amount:	Contract Amount: Completion Date:
Owner Name / Phone:	Owner Name / Phone:
GC Name / Phone:	GC Name / Phone:
Project #2:	Project #2:
Location:	Location:
Contract Amount:	Contract Amount: Completion Date:
Owner Name / Phone:	Owner Name / Phone:
GC Name / Phone:	GC Name / Phone:
Project #3:	Project #3:
Location:	Location:
Contract Amount:	Contract Amount: Completion Date:
Owner Name / Phone:	Owner Name / Phone:
GC Name / Phone:	GC Name / Phone:
TRADE REFERENCES	OWNER, GC REFERENCES
Reference #1:	Reference #1:
Contact: Phone:	Contact: Phone:
Reference #2:	Reference #2:
Contact: Phone:	Contact: Phone:
Reference #3:	Reference #3:
Contact: Phone:	Contact: Phone:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Printed Name _____

Signature _____

Title _____

Date _____

Return completed form by fax to (505) 892-3371.

BRYCON reserves the right to contact Trade, Owner and GC references to obtain information regarding your previous work experience and other relevant information.

Please attach any additional information about your company that you wish to be reviewed by BRYCON.