



CONTRACTOR QUALIFICATION FORM

In order to be included on the subcontractor bid list, please fill out the form in its entirety. The information on this form will be confidential and only accessible by Sifen, Inc. employees.

I. General Information

Company Name: _____

President Name: _____

Estimator Name: _____

E-mail: _____

Address: _____

Phone Number: _____

Fax Number: _____

Former Company Name (If Applicable): _____

2. Company Information

States in which Licensed: _____

Contractor's License #: _____

Union: Yes No

Years in Business: _____

Certifications: _____

Has your firm ever failed to complete a contract: Yes No

Are there any claims against your firm? Yes No

Has your firm ever filed Bankruptcy? Yes No

Are there any pending judgements against your firm? Yes No

(Please attach a separate sheet if you answered "Yes" to any of the above questions to explain)

3. Which specifications/divisions does the company perform work? Please list all.

4. Authorization

Signature: _____

Name: _____

Title: _____

Date: _____