



SUBCONTRACTOR QUALIFICATION QUESTIONNAIRE

Please fill out the following information:

Company Name:	_____	Date:	_____
Address:	_____	Phone:	_____
City, State, Zip:	_____	Fax:	_____
President:	_____	Email:	_____
Contact:	_____		
2nd Contact:	_____		

Contracting Interests (trade descriptions): _____

Geographic Area: _____

Union Affiliations: _____ Non Union: _____

Years in business under present name: _____ Years performing specialty: _____

Work now under contract: _____ Percent of work by own forces: _____

Work completed last year: _____ D & B (Duns) Number: _____

Average annual sales last 3 years: _____ *****Attach current year Financial Statement*****

Insurance mod: _____

Name of surety co.: _____

Total bonding capacity: _____

Certified MBE Yes No Certified WBE Yes No

State certification number: _____

City certification number: _____

List projects currently under contract:

	Project	Contract With	Contract Amount	% Complete
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____
4.	_____	_____	\$ _____	_____

List four most significant contracts completed in last five years:

	Project	Contract With	Contract Amount	% Complete
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____
4.	_____	_____	\$ _____	_____

Other information that you feel demonstrates your firm's qualifications: _____

This form must be signed by an officer of the Firm

Signature: _____

Title: _____

Federal ID Number: _____

Type of Firm:

Corporation: _____

Partnership: _____

Sole Propriety: _____

LLC: _____

Please mail or fax completed form to:

**Mullan Contracting Company
2330 W. Joppa Road, Suite 210
Lutherville, Maryland 21093
Phone: 410-494-9200
Fax: 410-494-9688**

Approved: JWR _____

JZ _____

NW _____

Project Refences:

Company Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

President: _____

Email: _____

Contact: _____

2nd Contact: _____

Company Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

President: _____

Email: _____

Contact: _____

2nd Contact: _____

Company Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

President: _____

Email: _____

Contact: _____

2nd Contact: _____

Company Name: _____

Date: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

President: _____

Email: _____

Contact: _____

2nd Contact: _____

Supplier References:

Company Name: _____ Date: _____
Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
President: _____ Email: _____
Contact: _____
2nd Contact: _____

Company Name: _____ Date: _____
Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
President: _____ Email: _____
Contact: _____
2nd Contact: _____

Company Name: _____ Date: _____
Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
President: _____ Email: _____
Contact: _____
2nd Contact: _____

Company Name: _____ Date: _____
Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
President: _____ Email: _____
Contact: _____
2nd Contact: _____