

SUBCONTRACTOR QUALIFICATION FORM

We are always on the look out for qualified subcontractors who share our values. If you would like to receive invitations to bid our projects, you must first qualify as an official subcontractor.

To do that simply fill out this form. All references must be submitted on this form please do not attach your own reference forms.

Company Name:		C.S.I. Division:				
Address:		Years in Business: Federal ID #: DUNS: Metro Licence:				
City: State:	Zip:					
Phone:	_Fax:					
Email:						
Website:						
Owner:						
		Minority Type:				
*OD /\\\\\ CCD#.				es:		
*OR/WA CCB#: Indicate which type of OR CCB license endorse	Number of Field Employees:					
OCGC-1 OCGC-2 OCSC-1 OCSC-2 O	Average Crew Size:					
Bank reference						
Bank Name:						
Address:						
	one: Fax:					
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Contractor references						
Contractor references 3 Contractor References must be s	sumplied in order for you ar	inlication to be n	rocessed T	hese references		
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General Contractor:				Contac	ct:		
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Credit references							
3 Credit Reference r	nust be supplied in	order for your a	application t	o be pr	rocessed. These	references must k	
suppliers you're CUP			ects referenc	ed abo	ove. If you do no	ot supply us with a	
3 references we will	not consider your a	pplication.					
Company:				_ Contac	ct:		
Address:			_ City:		State:	Zip:	
Credit Dept. Phone:				Fax:			
Project used on:							
Company:				_ Contac	ct:		
Address:			_ City:		State:	Zip:	
Credit Dept. Phone:				Fax:			
Project used on:							
Company:				_ Contac	ct:		
Address:			_ City:		State:	Zip:	
Credit Dept. Phone:				Fax:			
Project used on:							
Insurance							
Insurance Type	Liability Limit	Effective	Expires		Carrier		
General Liability					-		
Auto Insurance							
Workers Comp							
Excess/Umbrella							
Bond							
Authorization By signing this form the company listed	=				rch and receive	information about	
Signature:				Dat	e:		
Printed Name:	Position:						
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