



## SUBCONTRACTOR QUALIFICATION FORM

The information included herein shall not be disclosed and will not be duplicated, used, or disclosed-in whole or in part-for any purpose other than to serve as an element for consideration in award of contract.

### COMPANY INFORMATION:

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_ or Social Security #: \_\_\_\_\_  
Type of Company: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC  
Date Company Opened: \_\_\_\_\_ # of Employees: \_\_\_\_\_

### PRINCIPLE OWNERS/OFFICERS:

Name: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Name: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Name: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

### Type of work normally performed by your company: (Check all that apply)

☐ Site Construction ☐ Concrete ☐ Masonry ☐ Metals ☐ Wood/Plastics  
☐ Doors/Windows ☐ Finishes ☐ Specialties ☐ Furnishings ☐ Special Construction  
☐ HVAC/Plumbing ☐ Electrical ☐ Fire Suppression ☐ Fire Detection/Alarm ☐ Misc Services

### Company Certifications: (Check all that apply)

☐ Minority Business Enterprise ☐ Women Business Enterprise ☐ Veteran Business Enterprise  
☐ Woman Owned Small Business ☐ Disadvantage Business Enterprise

### FOR CORPORATE USE ONLY:

Date of Corporation: \_\_\_\_\_ State in Which Incorporated: \_\_\_\_\_

If not incorporated in Texas: Give Certificate of Authority to do business in Texas.

Certificate No. & Date: \_\_\_\_\_

President's Name: \_\_\_\_\_ Vice President's Name: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_ Treasurer's Name: \_\_\_\_\_

Please return this form to [bids@visiongc.net](mailto:bids@visiongc.net).