



Application for Preferred Subcontractor's List

Company Name: _____

Trade(s): _____

Contact Name: _____

Title: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Fax No: _____

Cell/Mobile: _____ Nextel ID: _____ Pager: _____

EMAIL ADDRESS: _____

Please describe your company's available services:

Please describe your company's capacity/capabilities:

Preferred subcontract size: _____

Geographic Availability (check all that apply): MD VA DC
PA Other _____

Bonding Company: _____

Bonding Limitations: _____

Single Job: _____ Total Job: _____

Certifications: _____ Minority Status: _____

Open Shop _____ Union _____ Security Clearance _____



Please list five (5) professional references

REFERENCE ONE

Project Name: _____ Square Feet: _____
Contract Amount: _____ Client Name: _____
Contact Name: _____ Contact Title: _____
Contact Phone: _____ Contact Fax: _____

REFERENCE TWO

Project Name: _____ Square Feet: _____
Contract Amount: _____ Client Name: _____
Contact Name: _____ Contact Title: _____
Contact Phone: _____ Contact Fax: _____

REFERENCE THREE

Project Name: _____ Square Feet: _____
Contract Amount: _____ Client Name: _____
Contact Name: _____ Contact Title: _____
Contact Phone: _____ Contact Fax: _____

REFERENCE FOUR

Project Name: _____ Square Feet: _____
Contract Amount: _____ Client Name: _____
Contact Name: _____ Contact Title: _____
Contact Phone: _____ Contact Fax: _____

REFERENCE FIVE

Project Name: _____ Square Feet: _____
Contract Amount: _____ Client Name: _____
Contact Name: _____ Contact Title: _____
Contact Phone: _____ Contact Fax: _____