



516 West Cabarrus Street
Raleigh, NC 27603

Post Office Box 27608
Raleigh, NC 27611-7608

T 919-834-3601
F 919-834-2439

Subcontractor Qualification Form - (Do not use this form for Construction Manager at Risk Projects.)

Date: _____

Please provide the following information so that we can identify your company and notify you of upcoming projects that match your qualifications. Upon completion, please return this to:

Wendy Cannon
Clancy & Theys Construction Company
516 West Cabarrus Street, Raleigh NC 27603
wendycannon@clancytheys.com
Telephone: 919-834-3601
Fax: 919-834-2439

Contractor's name:
Address:

Contact:
Telephone:
Fax:
E-mail Address:

List scopes of work you self-perform:

Additional Business Information:

Please check any of the following that apply to your organization and attach documentation from any local, state, or federal agency that has certified you as such:

- | | |
|---|---|
| <input type="checkbox"/> African American Owned | <input type="checkbox"/> Woman Owned |
| <input type="checkbox"/> Native American Owned | <input type="checkbox"/> Disabled Vet Owned |
| <input type="checkbox"/> Asian American (incl. Pacific Islander and Middle-Eastern) Owned | <input type="checkbox"/> Socially Economically Disadvantaged Business |
| <input type="checkbox"/> Hispanic Owned | <input type="checkbox"/> None Apply |

Bonding, Insurance and Construction Capacity Information:

Is your company bonded?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Present Bonding Capacity – Aggregate:	\$	_____
Value of work in place last year:	\$	_____
Value of largest contract completed:	\$	_____
Percent (%) of work performed by own forces:	%	_____
Total number of permanent staff presently employed by your firm:		_____
Do you carry Worker's Compensation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any OSHA Fines within in the last 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any job related fatalities within the last 4 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Additional Reference Information:

List three (3) contractor or owner references:

A. Company Name:

Contact Name:

Address:

Phone:

E-mail:

B. Company Name:

Contact Name:

Address:

Phone:

E-mail:

C. Company Name:

Contact Name:

Address:

Phone:

E-mail: