



DC Metal Construction, Inc.
SUBCONTRACTOR PRE-QUALIFICATION
QUESTIONNAIRE



All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualifications, and will not be disclosed to the project staff. Please direct any questions, and return this completed form, to:

DC Metal Construction, Inc.
2401 S. Kaufman St.
Ennis, Texas 75119
Attn: Tim Hendrix
Telephone: 972-875-5252
Fax: 972-875-5258

1. GENERAL INFORMATION. Please fill in the following:

- a. Name of Business: _____
- b. Address: _____
- c. City, State, Zip Code: _____
- d. Contact Person: _____
- e. Telephone Phone: _____
- f. Fax Number: _____

2. ORGANIZATION. Please indicate your firm's legal structure:

- a. This firm is a: C Corporation: S Corporation: Partnership: Sole Proprietor: Limited Liability Company
- b. Federal Employer Identification Number: _____

c. Names, titles, ages and length in position of Officers, Managers or Principals:

Name	Title	Age	Time in Position

d. Is your firm a qualified minority business? If so, Certification No.:

3. WORK CLASSIFICATION.

a. Please list the type(s) of work you are interested in bidding:

b. Please list the geographic areas you prefer to work in:

4. WORK EXPERIENCE

a. Please *attach* a list of the major projects your firm currently has in progress showing the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete and scheduled completion date, and contact person.

b. Please *attach* a list of the major projects your firm has completed in the last (3) three years showing the project name, location, owner, architect/engineer, general contractor, contract amount and completion date, and contact person.

5. FINANCIAL INFORMATION

- a. Please *attach* your firm’s most current financial statements (audited, if available) for the entity that will be signing the subcontract.

6. REFERENCES

- a. Bank Reference

Name: _____

Contact Person: _____

Telephone: _____

- b. Bonding Company Reference

Bonding Company: _____

Bonding Agent Name: _____

Address: _____

Telephone: _____

Bonding Capacity: \$ _____ per project

\$ _____ Aggregate

Date, amount and type of last bond issues: _____

Bond Rate: _____

- c. Credit References

Name: _____

Contact Person: _____

Telephone: _____

7. CONTRACTOR PROFILE

- a. Current number of employees: _____
- b. Does your firm operate as a Union shop? () Yes () No
- c. Does your firm operate as a Merit shop? () Yes () No

8. SAFETY, HEALTH AND ENVIRONMENTAL

- a. Attach the certificate provided by your insurance carrier.

ADDITIONAL INFORMATION

Please list any additional information that you feel will help us determine your firm’s qualifications and expertise:

This pre-qualification questionnaire was completed by:

Name: _____

Title: _____

Date: _____