



Subcontractor Qualification Form

[Vendor Qualification Form](#)

Company Name

Street Address or P.O. Box

City

State

State, if other selected

Zip Code

Phone Number

Fax Number

President

Contact E-mail

Certifications

MBE

WBE

DBE

Veterans

Disabled

Please select certifications that you currently hold. Be prepared to upload your certifications. If you are unable to upload certifications, please fax them to our office at 314-292-6810 immediately.

Qualification forms are considered incomplete without proper documentation.

Certification Attachment(s)

Key Company Contacts

List key contacts below. Include name, title, and e-mail address for each person.

Name

E-mail

Title

Name

E-mail

Title

Name

E-mail

Title

Continue to the next page...

Date Founded

State of Incorporation

If you have union or local affiliations, please upload documentation and list below.

Union/Local Affiliates

Yes

No

Union Documentation

Union/Local Affiliate

Details

Type of Work	Commercial	Heavy Industrial	
	Institutional	Light Industrial	
	Residential		
	Other		
Self-Performed	Yes		
	No		
In House Engineering Capability	Yes		
	No		
Errors & Omissions Insurance Carrier			
Insurance Certificate			
Geographic Area(s)	Citywide	Statewide	Nationwide
	Illinois	Missouri	Other
Average Annual Sales Last Three Years			
Project Size Range (Min, Max)			
Total Bonding Capacity			
Bonding Company			
Bonding Company Contact & Phone #			
Experience Modification Rating (EMR)			
Written Safety Program	Yes		
	No		
Safety Program			
Safety Violations	Yes		
	No		
Please explain any safety violation(s).			

Project References

Project Title

Company Name

Contact Name

Phone/E-mail

Project Title

Company Name

Contact Name

Phone/E-mail

Project Title

Company Name

Contact Name

Phone/E-mail

Credit References

Project Title

Company Name

Contact Name

Phone/E-mail

Project Title

Company Name

Please explain.