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SUBCONTRACTOR PRE-QUALIFICATION FORM

By submitting this prequalification questionnaire, the contractor is providing authorization to CSDI Construction, Inc. to contract, investigate and use necessary means to confirm its contents. This may include, but is not necessarily limited to requesting and obtaining information from various Federal, State, and other private agencies.

CONTACT INFORMATION:

Company Name: _____ E-Mail: _____
Primary Business Contact: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Cell: _____
Owner/Company Officer: _____ E-Mail: _____

PROFILE INFORMATION:

Trades Performed _____

Contractor's License Number _____ State: _____ Expiration: _____
(Attach List if Needed)

Corporation State of Incorporation: _____ Partnership Sole Proprietorship Joint Venture

Type of work Preferred: New Construction Remodel / Expansions

Year Company Started: _____ Years in Business: _____

Typical Project Size (in \$): _____ Labor Affiliation: Union Non-Union

Dollar Range of Contracts within the last year: From: \$ _____ To \$: _____

Annual Revenue each year for the past 3 years: _____

of Field Supervisors: _____ # of Office Employees _____ # of Tradespeople: _____

List (3) Trade References: Company, Address/City/State, Contact Person, Phone Number, and Fax Number

Trade Reference: _____

Trade Reference: _____

Trade Reference: _____

Has your organization ever failed to complete any work awarded to it? If Yes, Explain Yes No

