

VENDOR PREQUALIFICATION QUESTIONNAIRE

Name of Firm: _____ Date: _____

Address: _____ Phone: (____) _____

Fax: (____) _____

Estimating Contact: _____ E-mail: _____

Scope of Work: _____

Area of Operation: _____

List (3) of your major suppliers used in the past year:

a. Name: _____	Phone: (____) _____
Contact: _____	E-mail: _____
b. Name: _____	Phone: (____) _____
Contact: _____	E-mail: _____
c. Name: _____	Phone: (____) _____
Contact: _____	E-mail: _____

List (3) General Contractors that you have performed work for during the past year:

a. Name: _____	Phone: (____) _____
Contact: _____	Project: _____
b. Name: _____	Phone: (____) _____
Contact: _____	Project: _____
c. Name: _____	Phone: (____) _____
Contact: _____	Project: _____

Bonding Company: _____

Agent: _____

Bond Rate: (if required): _____

Insurance Company: _____

Agent: _____

Phone: _____

Licenses/Registration Numbers:

Washington State Contractors Registration#: _____

Washington State UBI#/State Excise Tax Registration#: _____

Worker's Compensation Account ID#: _____

Employment Security Dept ES Reference#: _____

Signature: _____ Title: _____

By: _____ Date: _____