



SKY ENGINEERING, SUBCONTRACTOR PRE-QUALIFICATION FORM

Please Print and mail or fax to:
SKY Engineering, ATTN: KIM CUMMINGS
5815 N. Black Canyon Hwy. #200
Phoenix, AZ 85015
FAX:602-595-4166

Overview: This form is part of our pre-qualification process. We will also use the information to assist in identifying qualified subcontractors/suppliers available to bid jobs in the various regions in which we operate.

Please complete, if you were referred by any of the following:

SKY Engineering Employee Name: _____

SKY Engineering Subcontractor Name: _____

Other: _____

How did you hear about us:

Please complete as it appears on your State Contractor's License:

Legal Name of Firm: _____

Type of entity: Corporation Partnership Individual Joint Venture Other

DBA: _____

Address: _____

State: _____ License No: _____ Class(es): _____ Expiration: _____

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State: _____ License No: _____ Class(es): _____ Expiration: _____

State: _____ License No: _____ Class(es): _____ Expiration: _____

Street Address: _____

_____ (city) _____ (state) _____ (zip)

Mailing Address: _____

_____ (city) _____ (state) _____ (zip)

Phone: _____ Fax: _____

Web Address: _____

Tax ID #: _____ Dunn & Bradstreet #: _____

Provide the names of principal contacts and their titles for your firm

PRINCIPAL CONTACT: _____ TITLE: _____

Phone: _____ Fax: _____ E-Mail: _____

ESTIMATING CONTACT: _____ TITLE: _____

Phone: _____ Fax: _____ E-Mail: _____

OUR REGIONAL OFFICES THAT YOU WOULD LIKE TO WORK WITH:

Please check all that may apply.

Phoenix Flagstaff Tucson Statewide

Current Job for Which You Are Submitting This Pre-Qualification Statement:

TYPE OF WORK YOU WISH TO PERFORM:

List Divisions/Trades: _____

Are you willing to bid prevailing wage projects (i.e. Davis Bacon) ? Yes No

Your Company's Minority Status:

Please check all that may apply and provide proof of certifications*:

County, City, State and Transportation Departments:

- DBE Disabled Business Enterprise*
- DVBE Disabled Veteran Business Enterprise*
- MBE Minority Business Enterprise*
- WBE Women Business Enterprise*
- SBE Small Business Enterprise*

Federal Contracts (DoD)/Small Business Administration:

(Small Disadvantaged Businesses and HubZone Businesses must be certified by the SBA and registered in the CCR /Pro-Net system. For more information visit www.ccr.gov)

- HUBZone Historically Underutilized Business Zone*
- LB Large Business
- LOSB Locally Owned Small Business*
- SB Small Business*
- SBA 8(a) Small Business Administration 8(a)*
- SDB Small Disadvantaged Business*
- SD-VOSB Service-Disabled Veteran Owned Small Business*
- VOSB Veteran Owned Small Business*
- WOSB Women Owned Small Business*
- Other Please Specify _____

FINANCIAL INFORMATION (optional):

| <u>Year</u> | <u>Annual Sales</u> | <u>3 Largest Contracts</u> | <u>General Contractor</u> |
|--------------------------|---------------------|----------------------------------|---------------------------|
| Prior Year | \$ _____ | \$ _____ \$ _____ \$ _____ | |
| 2 Years Prior | \$ _____ | \$ _____ \$ _____ \$ _____ | |
| 3 Years Prior | \$ _____ | \$ _____ \$ _____ \$ _____ | |

Current Bonding and Banking Information (optional):

Surety Company: _____ Broker: _____

Contact Person: _____ Phone: _____

Current Premium Rate for Performance & Payment Bond: _____

Name of your bank: _____

Address: _____

Contact Person: _____ Phone: _____

EXPERIENCE & HISTORY:

1. Have you worked with us? Yes No

If yes, how many years and in what capacity: _____

2. Do you subcontract any portion of the on-site work you perform?

Yes No If yes, please explain: _____

3. Names of related companies:

a. Parent Company: _____

b. Subsidiaries: _____

c. Affiliates: _____

4. Has your company changed names or contractor's license number(s) in the past 10 years?

Yes No If yes, please explain: _____

5. During the last 10 years, has your company or any of the related companies identified in item 4 above been a debtor in a bankruptcy case?

Yes No If yes, please explain: : _____

6. Have you failed to complete any work awarded to you within the last 5 years?

Yes No If yes, please explain: _____

7. During the past 5 years, has your company paid liquidated damages in connection with a project?
 Yes No If yes, please explain: _____
8. Has any contractor's license held by your company or its managing employee been suspended during the last 5 years?
 Yes No If yes, please explain: _____
9. During the past 5 years, has your company, or any firm with which any of your company's owners or executive team members was associated, been disqualified, removed or otherwise disbarred from bidding on, or performing, any project for a public agency/entity.
 Yes No If yes, please explain on: _____
10. During the past 5 years, has anyone brought legal proceedings (litigation, arbitration, etc.) against your company in connection with a construction project or for fraud, theft, or other act of dishonesty?
 Yes No If yes, please explain: _____
11. During the past 5 years, has any insurance carrier, for any form of insurance, refused to renew or canceled any insurance policy covering your company?
 Yes No If yes, please explain: _____

UNION AFFILIATIONS:

1. How is your construction activities preformed: Union Shop Open Shop/Merit Shop
 If union shop, please list Local Union Affiliations:

SAFETY:

1. Contact information for person responsible for safety at your firm:
 Name: _____ Tel: _____ E-mail: _____
2. During the past 3 years, has any State or Federal OSHA agency cited and assessed penalties against your company for any "serious", "willful" or "repeat" violations of its safety or health regulations?
 Yes No If yes, please explain: _____
3. List your company's Experience Modification Rate (EMR) for worker's comp insurance for each of the past three premium years:
 Current Year: _____ Year Before Current: _____ 2 Years Before: _____
4. List your company's recordable and lost time frequency rates for the last 3 years:
 Recordable: Current Year: _____ Year Before Current: _____ 2 Years Before: _____
 Lost Time: Current Year: _____ Year Before Current: _____ 2 Years Before: _____

INSURANCE:

Please provide general liability and workers compensation insurance policy numbers and company names : _____

REFERENCES:

List three major suppliers:

Company Name: _____
Address: _____

Contact: _____
Phone: _____
E-Mail: _____

Company Name: _____
Address: _____

Contact: _____
Phone: _____
E-Mail: _____

Company Name: _____
Address: _____

Contact: _____
Phone: _____
E-Mail: _____

List three General Contractors you regularly do business with:

Company Name: _____
Address: _____

Contact: _____
Phone: _____
E-Mail: _____
Company Name: _____
Address: _____

Contact: _____
Phone: _____
E-Mail: _____

Company Name: _____
Address: _____

Contact: _____
Phone: _____
E-Mail: _____

Additional Notes:

You may explain any of your answers in detail here or provide additional information you feel beneficial:

Your financial information will be kept confidential and used only for the purpose of evaluating you for work.

Your pre-qualification status cannot be determined until the Pre-Qualification Form is accurately completed.

Completed by Authorized Representative:

Name: _____

Title: _____

Date: _____