

SUBCONTRACTOR PRE-QUALIFICATION FORM

Please complete this pre-application in order for us to learn more about your company and better match future opportunities to your Company's capabilities. Date: _____

COMPANY INFORMATION	
Company Legal Name:	Trade:
Address: Fax: Fax: V	W/ehsite
Current Numbers of Employees: Date Company Was For	unded:
Current Numbers of Employees: Date Company Was Fou Type of Company: LLC, Partnership, Corporation	,Joint Venture,Other
s the company licensed/registered in the State of Louisiana? Yes Contact Name: Email:	NO
Does your company generate invoices and estimates electronically?	YesNO
LICENSING AND TRADE	
ouisiana Residential License:YesNo Louisiana Commerci HVCAElectricalPlumbingGas	
CERTIFICATIONS	
s the company certified with one of the follow: DBE: WBE:	Section 3: Other:
PERFORMANCE INFORMATION	
Provide general contractor reference information for the most recent projects Company Name: Co	-
Project Name: Pr	
COMPETITIVE MARKER	
ndicate the size of project you are most competitive.	
Under \$100,000.00\$200,000.00 - \$500,000.00\$1	
\$100,000.00- 200,000.00 \$500,000.00- \$1 mill \$3	mill- \$ 6 mill
INSURANCE AND BONDING INFORMATION	
Does your company have General Liability Insurance? Yes	No Coverage \$:
Does your company have Worker's compensation Insurance? Yes	No Coverage \$:
s your company bonded? Yes	No Bid Coverage \$:
SAFETY PROGRAM	
Does your company have a written safety program or policy? Yes	No
The undersigned, on behalf of the Subcontractor, certifies under oath that in any attachment, is true and sufficiently complete so as not to be misleading any attachment.	
Printed Name: Signature:	R
Please send completed pre-qualification form to Colmex Construction at e	either of the following:
mail: info@colmexconstrcution.com	Her
Dr in person to the following address:	
www.colmexconstruction.	.com
Ph: 504 383 8092 Fax: 504 383 808	
TH. 504 505 0052 Tux. 504 505 000	