



APPLICATION FOR PRE-QUALIFICATION OF TRADE SERVICES

The individual or company named below, by signing this application, requests that the District add their company ("Company") name to the District's Small Project Pre-Qual List.

Company's Trade Information

The Company provides the following trade services:

☐ Asbestos Abatement ☐ Asphalt Repairs ☐ Bleacher Installation ☐ Boilers ☐ Cabling ☐ Carpentry ☐ Caulking ☐ Commercial Overhead Door ☐ Concrete Installation & Repair ☐ Crane & Hauling ☐ Demolition ☐ Doors (Wood and Metal) ☐ Drapery/Window Covering/Blinds	☐ Electrical ☐ Fencing ☐ Flooring ☐ General Contractors ☐ Grease Trap Pumping ☐ Gym Floor Finishing ☐ HVAC Coil and Duct Cleaning ☐ HVAC Mechanical ☐ Landscape & Irrigation ☐ Marquees ☐ Masonry ☐ Modular Buildings ☐ Muralists ☐ Painting	☐ Playground Installation ☐ Plumbing ☐ Refrigeration/Chillers ☐ Roofing ☐ SCADA Contractors ☐ Scoreboards ☐ Shed Construction ☐ Stage Lighting & Rigging ☐ Tennis Courts & Athletic Fields ☐ Utilities Piping ☐ Utilities Video & Jet Work ☐ Welding ☐ Window Replacement ☐ Other: _____
---	---	---

The Company is interested in projects of the following size:

- ☐ Under \$25,000
- ☐ \$25,000 up to \$50,000
- ☐ \$50,000 up to \$100,000
- ☐ All of the above

Company Information:

COMPANY NAME	REPRESENTATIVE
ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE	FACSIMILE
E-MAIL	WEB PAGE
NUMBER OF EMPLOYEES	

HAS THE COMPANY EVER PROVIDED SERVICES TO THE DISTRICT?	
NO ____	YES ____ WHEN? WHO WAS YOUR PRIMARY CONTACT (WITH PHONE NUMBER)

HAVE THE PRINCIPALS OF THIS COMPANY EVER OPERATED A BUSINESS UNDER A DIFFERENT NAME?	
NO ____	YES ____ LIST ALL BUSINESS NAMES AND DATES THEY OPERATED FOR THE PAST EIGHT (8) YEARS

HAS THE COMPANY FAILED TO ACCEPT A CONTRACT AWARD OR TO COMPLETE AN AWARDED CONTRACT?	
NO ____	YES ____ EXPLAIN:
HAS THE COMPANY UNDER ANOTHER OR PREVIOUS NAME FAILED TO ACCEPT A CONTRACT AWARD OR TO COMPLETE AN AWARDED CONTRACT?	
NO ____	YES ____ EXPLAIN: (INCLUDE PREVIOUS COMPANY NAME AND DATE)
HAS THE COMPANY EVER HAD A CONTRACT TERMINATED?	
NO ____	YES ____ EXPLAIN:
WITHIN THE PAST 2 YEARS, HAS THE COMPANY OR A PREDECESSOR TO THE COMPANY RECEIVED A NOTICE OF VIOLATION, NON-COMPLIANCE NOTICE, OR BOTH?	
NO ____	YES ____ EXPLAIN:
DURING THE PAST 5 YEARS, APPROXIMATELY WHAT PERCENTAGE OF WORK HAS BEEN PERFORMED BY WORKERS EMPLOYED BY YOUR COMPANY IN RELATION TO WORK PERFORMED BY SUBCONTRACTORS?	

Type of Organization (Mark Appropriate Item):

SOLE PROPRIETORSHIP___	PARTNERSHIP___	CORPORATION___	LLC ___	OTHER: ___
---------------------------	----------------	----------------	---------	------------

SOLE PROPRIETORS AND PARTNERS COMPLETE THE FOLLOWING: (Attach additional pages if more room is needed)

DATE COMPANY ESTABLISHED	
PROPRIETOR OR PARTNER NAME AND ADDRESS	CAPACITY (INDICATE BOTH GENERAL AND LIMITED PARTNERS)

CORPORATIONS COMPLETE THE FOLLOWING: (Attach additional page for additional officers if needed)

DATE COMPANY INCORPORATED	STATE WHERE COMPANY IS INCORPORATED
PRESIDENT NAME AND ADDRESS	VICE PRESIDENT NAME AND ADDRESS
SECRETARY NAME AND ADDRESS	CFO NAME AND ADDRESS

LLCs COMPLETE THE FOLLOWING: (Attach additional page for additional officers if needed)

DATE COMPANY ORGANIZED	STATE WHERE COMPANY IS ORGANIZED
MANAGERS NAME AND ADDRESS	MEMBERS NAME AND ADDRESS
SECRETARY NAME AND ADDRESS	CFO NAME AND ADDRESS

OTHERS COMPLETE THE FOLLOWING: (Attach additional page for additional officers if needed)

TYPE OF BUSINESS	STATE AND COUNTY WHERE BUSINESS IS REGISTERED
OFFICER 1-TITLE, NAME AND ADDRESS	OFFICER 2-TITLE, NAME AND ADDRESS
OFFICER 3-TITLE, NAME AND ADDRESS	OFFICER 4-TITLE, NAME AND ADDRESS

Customer References: LIST AT LEAST FOUR REFERENCES (GOVERNMENT AGENCIES PREFERRED)

AGENCY NAME	CONTACT NAME AND E-MAIL	BRIEF PROJECT DESCRIPTION OR PROJECT NAME	CONTRACT AMOUNT

Credit References and Financial Information: LIST AT LEAST THREE COMPANYS THAT YOU HAVE ESTABLISHED AND MAINTAINED CREDIT WITH DURING THE PAST THREE YEARS.

COMPANY NAME	COMPLETE ADDRESS (W/ZIP)	CONTACT/PHONE/E-MAIL	ANNUAL SALES VOLUME IN \$

CONTACT PERSON FOR ADDITIONAL FINANCIAL INFORMATION:

NAME		POSITION	
PHONE		FACSIMILE	
ARE THERE ANY LITIGATION, JUDGMENTS OR LIENS PENDING, OR HAVE THERE BEEN ANY FILED AGAINST YOUR COMPANY WITHIN THE PAST 24 MONTHS?			
NO ____	YES ____ EXPLAIN:		
HAS THE COMPANY EVER FILED FOR BANKRUPTCY OR REORGANIZATION?			
NO ____	YES ____ EXPLAIN:		

Additional Information:

DO YOU CERTIFY THAT YOUR COMPANY DOES NOT KNOWINGLY EMPLOY OR CONTRACT WITH ILLEGAL ALIENS TO PERFORM WORK UNDER ANY CONTRACT?	NO ____	YES ____
CAN YOU PROVIDE AN INSURANCE CERTIFICATE SHOWING A MINIMUM \$2,000,000 LIABILITY COVERAGE?	NO ____	YES ____
Trade Licenses	License Jurisdiction (i.e. State, City, County:	

The Company, by and through the individual signing below, certifies that there are no District employees associated with this Company, and that no District employee will receive any personal financial gain resulting from any business transactions conducted between the Company and the District.

Company Signature

Print Company Name

Authorized Signature

By: _____
Type Name and Title of Person Signing for Company

_____, 20_____
Date of Company Representative Signature