



Trade Contractor Qualification Form

Return form to Estimating Department by mail or fax (614-771-2613)

Company Name

Primary Owner _____

Address _____

Phone # _____

Fax # _____

Email address _____

Primary Contact

Name _____

Title _____

Phone # _____

Fax # _____

Email address _____

Cell # _____

Company Structure

Corporation

DBA

Individual

LLC

Partnership

Sole Proprietor

Years in Business _____

Number of Full Time Employees _____

Number of Part Time Employees _____

Is this company:

Union

Non-Union

Does this company bid Prevailing Wage projects? _____

Minority Certification None

MBE

WBE

DBE

Is this company bondable? _____

Bonding Capacity _____

Bonding Company _____

Safety

Safety Rating _____

Experience Modification Ratings (EMR) current year 2006 _____ past year 2005 _____

OSHA Incidence Rates: _____

Prior Year _____

Second Prior Year _____

Type of work this company performs:

List Divisions covered:

Jobs in Progress and Recently Completed Jobs

Name/Location	Contractor/Owner	Contract Value	% Complete or Date Complete
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Have you ever failed to complete a construction contract?

Yes No

If yes, please explain _____

Signature

By signing below, I am acknowledging that Ruscilli Construction Inc. will be relying on the accuracy of the above information to assist them in determining whether my organization may be a selected bidder for work with Ruscilli Construction Inc.

Signature: _____

Company Name: _____

By: _____

Title: _____

Date: _____

