

Subcontractor Qualification Questionnaire

1505 Luna Road, Suite 134 Carrollton, Texas
Phone: 214-483-7500 Fax: 888-284-3249



Complete this form (adding attachments as needed) to provide a basis for evaluation of your firm's qualifications.

Subcontractors / Vendors / Service Providers (referred to herein as the "Firm") should complete this Subcontractor Qualification Questionnaire ("Questionnaire") as requested by us (referred to herein as the "Company"). This Questionnaire will be valid for a period of two (2) years from date of execution or until significant changes occur to data provided (whichever is shorter). Provided the Firm has a valid Questionnaire on file, the Firm will not have to complete a new Questionnaire. Other project specific forms, however, must still be completed as requested.

1. General Information:

Business Entity Name (the "Firm"): _____

Firm Street Address: _____

City: _____ State: _____ Zip: _____

Firm Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ Title: _____

Email Address: _____ Website: _____

Tax ID #: _____ Year Started: _____ State of Origin: _____

Primary NAICS Code: _____ No. of Employees: _____ Union (Y/N): _____

Geographic Area(s) or State(s) Can Work: _____

Are you registered on the Texas Unified Certification Program (TUCP) Yes ___ No ___ ?

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Contractor's License(s) - (Attach separate sheet of necessary):

State	License No.	State	License No.

- 2. Type of Entity** (check one): Corporation Partnership Sole Proprietorship
 Limited Liability Company Joint Venture Other: _____

If Firm is a Joint Venture, provide list of all partner firms and/or parties to the Joint Venture:

Partner/Party Name	% of Ownership

(This Questionnaire must also be completed by each Joint Venture Partner/Party noted in the table above.)

- 3. Type of Business** (Check all that apply): Architecture Engineering Consulting GC/CM
 Testing Agency Subcontractor Vendor/Supplier Other: _____

4. Business Classifications: *Check ALL that apply (provide copy/proof of certification*). Refer to definitions provided.*

- DBE* MBE* WBE* Other _____

4a. Ever been denied, decertified, or graduated out of any certification program(s) (Y/N): _____

If "YES", Explain: _____

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4b. Applications **pending** for any certification program(s) (Y/N): _____ If "YES", provide details below

Certification Name / Type	Date Application Submitted	Certifying Agency

5. Bonding: Bondable (Y/N): _____
 Project Limit: \$ _____ Aggregate Limit: \$ _____
 Bonding Co.: _____ Since: _____ A.M. Best Rating: _____
 Broker / Agent: _____ Phone: _____

6. Insurance (select all that apply): Work. Comp. G.L. Auto Excess Umbrella
(Provide sample Insurance Certificate, showing limits for above coverages.)
 Insurance Co.: _____ Since: _____ A.M. Best Rating: _____
 Broker / Agent: _____ Phone: _____

7. Safety: Written Safety Program (Y/N): _____ OSHA 30 Hr. Trained Employees (Approx. Qty.): _____
 OSHA Incident Rate: Current Yr: _____ Prior Yr: _____ 2 Yrs. Prior: _____
 Worker's Comp. EMR: Current Yr: _____ Prior Yr: _____ 2 Yrs. Prior: _____

8. Financial: D&B Number: _____ Approx. Work Backlog Value: \$ _____
 Smallest / Largest Proj. Comfortable Handling: \$ _____ / \$ _____

9. Gov. Clearances: FCL – Facility Clearance (Y/N): _____ PCL – Personal Clearances (Y/N – Qty): _____ / _____
 FSO – Facility Security Officer: _____

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(name)

(email)

10. Office Facilities (check one): Own Lease/Rent (provide additional information below)

Office Facility Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

11. Does Firm share office space, staff, or equipment (including phone exchanges) with any other business(es) or

Organization(s) (Y/N): _____ If "YES", list below:

Entity Name	Tax ID #	Description and Basis for Share

12. Client References:

Name	Company	Phone	email

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13. Recent or Relevant Completed Projects (5 most recent):

Project Name / Your Scope	Client Name	Contract Value	Completion Date

14. Largest Projects (3 largest):

Project Name / Your Scope	Client Name	Contract Value	Completion Date

15. Brief Capabilities Statement (attach separate sheet if necessary):

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16. Select all items that your Firm self-performs with own forces

17. What items of work are typically subcontracted by your Firm? _____

ONLY SELECT THE ITEMS THAT YOU HAVE ABILITY TO SELF-PERFORM WITH OWN FORCES

01 GENERAL CONDITIONS

- 0121 Mobile Trailers
- 0123 Temp Utilities
- 01.2343 Gas/Propane
- 01.2356 Rubbish Boxes
- 01.2369 Portable Toilets
- 0133 Cleaning / Janitorial Services
- 0135 Site Protection
- 01.3503 Rodent / Pest Control
- 01.3509 Security Guard Services
- 0137 Safety
- 01.3700 Safety Consulting
- 01.3703 Safety Equip. / Supplies
- 0139 QAQC Consulting
- 0161 Office Supplies & Equip
- 01.6133 Messenger Services
- 01.6136 Office Furniture
- 0163 Printing / Doc Mgmt Services
- 0164 Photographic Services
- 0165 Arch. / Eng. / Consulting Services
- 01.6513 Surveying
- 01.6516 Scheduling
- 01.6519 Geotechnical

- 01.6563 MEP
- 01.6566 Civil
- 01.65xx Other: _____
- 0170 Equipment Rentals

02 EXISTING CONDITIONS

- 0241 Demolition
- 026 Contam Site Mtrl Removal (Special Waste or Contaminated Soils)
- 0262 Underground Storage Tank Removal
- 027 Water Remediation (Treatment or Decontamination)
- 028 Facility Remediation (Asbestos, Lead, Mold, etc.)

03 CONCRETE

- 033 Cast-In-Place Concrete
- 03.3713 Shotcrete
- 034 Precast Concrete
- 0341 Precast Structural Concrete (PSC)
- 03.4113 PSC Hollow Core Plank
- 03.4116 PSC Slabs
- 03.4119 PSC Tees
- 03.4123 PSC Stairs
- 03.4140 PSC Girders

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- | | |
|---|--|
| <input type="checkbox"/> 01.6543 Structural
<input type="checkbox"/> 01.6549 Testing
<input type="checkbox"/> 01.6553 Legal
<input type="checkbox"/> 01.6559 Architectural | <input type="checkbox"/> 0345 Precast Architectural Concrete
<input type="checkbox"/> 0347 Site-Cast Concrete
<input type="checkbox"/> 03.4713 Tilt-Up Concrete
<input type="checkbox"/> 03.4716 Lift-Slab Concrete |
|---|--|

ONLY SELECT THE ITEMS THAT YOU HAVE ABILITY TO SELF-PERFORM WITH OWN FORCES

- | | |
|--|--|
| <input type="checkbox"/> 0353 Concrete Toppings
<input type="checkbox"/> 038 Concrete Cutting & Boring
<input type="checkbox"/> 04 MASONRY
<input type="checkbox"/> 05 METALS
<input type="checkbox"/> 051 Structural Metal Framing
<input type="checkbox"/> 052 Metal Joists
<input type="checkbox"/> 053 Metal Decking
<input type="checkbox"/> 054 Cold-Formed Metal Framing
<input type="checkbox"/> 055 Misc Metals
<input type="checkbox"/> 057 Decorative Metals
<input type="checkbox"/> 06 WOODS, PLASTICS, COMPOSITES
<input type="checkbox"/> 061 Rough Carpentry
<input type="checkbox"/> 062 Finish Carpentry
<input type="checkbox"/> 064 Arch Wdwrk or Casework (Fab / Sales)
<input type="checkbox"/> 065 Structural Plastics (Fab / Sales)
<input type="checkbox"/> 066 Plastics (Fab / Sales)
<input type="checkbox"/> 067 Structural Composites (Fab / Sales)
<input type="checkbox"/> 068 Composites (Fab / Sales)
<input type="checkbox"/> 07 THERMAL & MOISTURE PROTECTION
<input type="checkbox"/> 071 Damproofing & Waterproofing
<input type="checkbox"/> 072 Thermal Protect & Weather Barriers
<input type="checkbox"/> 073 Steep Slope Roofing
<input type="checkbox"/> 074 Roofing & Siding Panels
<input type="checkbox"/> 075 Membrane Roofing
<input type="checkbox"/> 07.5100 Built-Up Bitum Rfng | <input type="checkbox"/> 07.5300 Elastomeric Membrane Rfng
<input type="checkbox"/> 07.5400 Thermoplastic Membr Rfng
<input type="checkbox"/> 07.5500 Protected Membrane Rfng
<input type="checkbox"/> 07.5600 Fluid-Applied Roofing
<input type="checkbox"/> 07.5700 Coated Foamed Roofing
<input type="checkbox"/> 07.5800 Roll Roofing
<input type="checkbox"/> 078 Fire & Smoke Protection
<input type="checkbox"/> 07.8100 Applied Fireproofing
<input type="checkbox"/> 07.8400 Firestopping
<input type="checkbox"/> 07.8600 Smoke Seals
<input type="checkbox"/> 079 Joint Protection
<input type="checkbox"/> 07.9100 Preformed Joint Seals
<input type="checkbox"/> 07.9200 Joint Sealants
<input type="checkbox"/> 07.9500 Expansion Control
<input type="checkbox"/> 08 OPENINGS
<input type="checkbox"/> 081 Doors & Frames
<input type="checkbox"/> 08.1100 Metal Doors & Frames
<input type="checkbox"/> 08.1400 Wood Doors
<input type="checkbox"/> 083 Specialty Doors & Frames
<input type="checkbox"/> 08.3100 Access Doors & Panels
<input type="checkbox"/> 08.3200 Sliding Glass Doors
<input type="checkbox"/> 08.3300 Coiling Doors & Grilles
<input type="checkbox"/> 08.3400 Specialty Function Doors
<input type="checkbox"/> 08.3500 Folding Doors & Grilles
<input type="checkbox"/> 08.3600 Panel Doors |
|--|--|

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- | | | | | | |
|--------------------------|---------|---------------------|--------------------------|---------|---------------|
| <input type="checkbox"/> | 07.5200 | Mod Bitum Memb Rfng | <input type="checkbox"/> | 08.3700 | Traffic Doors |
|--------------------------|---------|---------------------|--------------------------|---------|---------------|

ONLY SELECT THE ITEMS THAT YOU HAVE ABILITY TO SELF-PERFORM WITH OWN FORCES

- | | | | | | |
|--------------------------|--------------------|---------------------------------------|--------------------------|-----------------------|-----------------------------------|
| <input type="checkbox"/> | 08.3800 | Pressure Resistant Doors | <input type="checkbox"/> | 09.5700 | Specialty Function Ceilings |
| <input type="checkbox"/> | 08.3900 | Vault Doors | | 096 | Flooring |
| | 084 | Entrances, Storefronts, Curtain Walls | <input type="checkbox"/> | 09.6300 | Masonry Flooring |
| <input type="checkbox"/> | 08.4100 | Entrances & Storefronts | <input type="checkbox"/> | 09.6400 | Wood Flooring |
| <input type="checkbox"/> | 08.4400 | Curtain Wall & Glazed Assemblies | <input type="checkbox"/> | 09.6500 | Resilient Flooring |
| | 085 | Windows | <input type="checkbox"/> | 09.6600 | Terrazzo Flooring |
| <input type="checkbox"/> | 08.5100 | Metal Windows | <input type="checkbox"/> | 09.6700 | Fluid-Applied Flooring |
| <input type="checkbox"/> | 08.5200 | Wood Windows | <input type="checkbox"/> | 09.6800 | Carpeting |
| <input type="checkbox"/> | 08.5400 | Composite Windows | | 097 | Wall Finishes |
| <input type="checkbox"/> | 08.5500 | Pressure-Resistant Win | <input type="checkbox"/> | 09.7200 | Wall Coverings |
| <input type="checkbox"/> | 08.5600 | Special Function Windows | <input type="checkbox"/> | 09.7300 | Wall Carpeting |
| <input type="checkbox"/> | 086 | Roof Windows & Skylights | <input type="checkbox"/> | 09.7400 | Flexible Wood Sheets |
| <input type="checkbox"/> | 087 | Hardware | <input type="checkbox"/> | 09.7500 | Stone Facing |
| <input type="checkbox"/> | 088 | Glazing | <input type="checkbox"/> | 09.7600 | Plastic Blocks |
| <input type="checkbox"/> | 089 | Louvers & Vents | <input type="checkbox"/> | 09.7700 | Special Wall Surfacing |
| | 09 FINISHES | | | 098 | Acoustic Treatment |
| | 092 | Plaster & Gypsum Board Assemblies | <input type="checkbox"/> | 09.8100 | Acoustic Insulation |
| <input type="checkbox"/> | 09.2113 | Plaster Assemblies | <input type="checkbox"/> | 09.8300 | Acoustic Finishes |
| <input type="checkbox"/> | 09.2116 | Gyp Board Assemblies | <input type="checkbox"/> | 09.8400 | Acoustic Room Components & Panels |
| <input type="checkbox"/> | 093 | Tiling | | | |
| | 095 | Ceilings | <input type="checkbox"/> | 099 | Painting & Coating |
| <input type="checkbox"/> | 09.5100 | Acoustic Ceilings | | 10 SPECIALTIES | |
| <input type="checkbox"/> | 09.5300 | Acoustic CIng Susp Sys | | 101 | Information Specialties |
| <input type="checkbox"/> | 09.5400 | Specialty Ceilings | <input type="checkbox"/> | 10.1100 | Visual Display Surfaces |
| <input type="checkbox"/> | 09.5600 | Textured Ceilings | <input type="checkbox"/> | 10.1200 | Display Cases |

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- | | | | | | |
|--------------------------|---------|-------------------------------------|--------------------------|---------------------|--|
| <input type="checkbox"/> | 10.1300 | Directories | | 107 | Exterior Specialties |
| <input type="checkbox"/> | 10.1400 | Signage | <input type="checkbox"/> | 10.7100 | Exterior Protection (Sun Control or Storm Panels) |
| <input type="checkbox"/> | 10.1700 | Telephone Specialties | | 10.7300 | Protective Covers, Awnings, & Canopies |
| <input type="checkbox"/> | 10.1800 | Information Kiosks | <input type="checkbox"/> | 10.7400 | Manufact Ext Specialties (Ext Clocks, Cupolas, Spires, Steeples, Weathervanes, & Window Wells) |
| | 102 | Interior Specialties | | 10.7500 | Flagpoles |
| <input type="checkbox"/> | 10.2113 | Toilet Compartments | <input type="checkbox"/> | 108 | Other Specialties |
| <input type="checkbox"/> | 10.2116 | Shower & Dressing Compartments | | 10.8000 | Other: _____ |
| <input type="checkbox"/> | 10.2123 | Cubicles | | 11 EQUIPMENT | |
| <input type="checkbox"/> | 10.2200 | Partitions | <input type="checkbox"/> | 1112 | Parking Control Equipment |
| <input type="checkbox"/> | 10.2500 | Service Walls | | 1113 | Loading Dock Equipment |
| <input type="checkbox"/> | 10.2600 | Wall & Door Protection | <input type="checkbox"/> | 1116 | Vault Equipment |
| <input type="checkbox"/> | 10.2800 | Toilet, Bath, & Laundry Accessories | <input type="checkbox"/> | 1119 | Detention Equipment |
| | | | | 1123 | Commercial Laundry & Dry Cleaning Equipment |
| <input type="checkbox"/> | 103 | Fireplaces & Stoves | <input type="checkbox"/> | 1131 | Residential Appliances |
| | 104 | Safety Specialties | <input type="checkbox"/> | 1133 | Retractable Stairs |
| <input type="checkbox"/> | 10.2810 | Emergency Access & Info Cabinets | <input type="checkbox"/> | 1140 | Foodservice Equipment |
| <input type="checkbox"/> | 10.2820 | Emergency Specialties Aid | <input type="checkbox"/> | 1152 | Audio-Visual Equipment |
| <input type="checkbox"/> | 10.2830 | Fire Protection Specialties | <input type="checkbox"/> | 1153 | Laboratory Equipment |
| | 105 | Storage Specialties | <input type="checkbox"/> | 1161 | Theater & Stage Equipment |
| <input type="checkbox"/> | 10.5100 | Lockers | <input type="checkbox"/> | 1166 | Athletic Equipment |
| <input type="checkbox"/> | 10.5500 | Postal Specialties | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 10.5600 | Storage Assemblies | <input type="checkbox"/> | | |
| <input type="checkbox"/> | 10.5700 | Wardrobe / Closet Specialties | <input type="checkbox"/> | | |

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- 1168 Play Field Equip & Structures
- 1182 Solid Waste Handling Equipment
- 1190 Other Equip: _____

12 FURNISHINGS

- 122 Window Treatments
- 123 Casework & Countertops
 - 12.3000 Casework
 - 12.3600 Countertops
 - 12.3653 Laboratory Countertops
- 124 Furnishings & Accessories
 - 12.4633 Waste Receptacles
 - 12.4643 Monitor Support Systems
 - 12.4813 Entrance Floor Mats & Frames
 - 12.4819 Entrance Floor Grilles
- 126 Multiple Seating
 - 12.6100 Fixed Audience Seating
 - 12.6313 Stadium Bench Seating
 - 12.6613 Telescoping Bleachers
 - 12.6700 Pews & Benches
- 129 Other Furnishings
 - 12.9200 Int Planters & Plantings
 - 12.9300 Site Furnishings

13 SPECIAL CONSTRUCTION

- 1311 Swimming Pools
- 1312 Fountains

- 1313 Aquariums
- 1318 Ice Rinks
- 1321 Controlled Environment Rooms
- 1327 Vaults
- 1331 Fabric Structures
- 1332 Space Frames
- 1333 Geodesic Structures

14 CONVEYING SYSTEMS

- 141 Dumbwaiters
- 142 Elevators
- 143 Escalators & Moving Walks
- 144 Lifts
- 147 Turntables
- 148 Scaffolding
- 149 Other Conveying Equipment
- 1491 Facility Chutes
- 1492 Pneumatic Tube Systems

21 FIRE SUPPRESSION

22 PLUMBING

23 HVAC

25 INTEGRATED AUTOMATION

26 ELECTRICAL

27 COMMUNICATION

28 ELECTRONIC SAFETY & SECURITY

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- | | |
|--|---|
| <p><input type="checkbox"/> 31 EARTHWORK</p> <p><input type="checkbox"/> 31.2319 Dewatering</p> <p><input type="checkbox"/> 31.2336 Trucking</p> <p><input type="checkbox"/> 31.2513 Silt Fencing</p> <p><input type="checkbox"/> 31.3200 Soil Stabilization</p> <p><input type="checkbox"/> 31.6200 Driven Piles</p> <p><input type="checkbox"/> 31.6300 Bored / Drilled Piles & Caissons</p> <p><input type="checkbox"/> 31.7300 Tunneling</p> <p>32 EXTERIOR IMPROVEMENTS</p> <p><input type="checkbox"/> 32.1216 Asphalt Paving</p> <p><input type="checkbox"/> 32.1313 Concrete Paving</p> <p><input type="checkbox"/> 32.1400 Unit Paving</p> <p><input type="checkbox"/> 32.1613 Concrete Curbs & Gutters</p> <p><input type="checkbox"/> 32.1800 Athletic & Recreational Surfacing</p> | <p><input type="checkbox"/> 32.3100 Fences & Gates</p> <p><input type="checkbox"/> 32.3200 Retaining Walls</p> <p><input type="checkbox"/> 32.8400 Landscape Irrigation</p> <p><input type="checkbox"/> 32.9000 Landscaping (Exterior)</p> <p><input type="checkbox"/> 33 UTILITIES</p> <p><input type="checkbox"/> 34 TRANSPORTATION</p> <p><input type="checkbox"/> 35 WATERWAY & MARINE CONTRUCTION</p> <p><input type="checkbox"/> 40 PROCESS INTEGRATION</p> <p><input type="checkbox"/> 41 MATERIAL PROCESSING & HANDLING EQUIP</p> <p><input type="checkbox"/> 42 PROCESS HEATING, COOLING, & DRYING EQUIP</p> <p><input type="checkbox"/> 43 PROCESS GAS & LIQUID HANDLING, PURIFICATION & STORAGE EQUIPMENT</p> <p><input type="checkbox"/> 44 POLLUTION CONTROL EQUIPMENT</p> <p><input type="checkbox"/> 45 INDUSTRY SPECIFIC MANUFACTURING EQUIP</p> <p><input type="checkbox"/> 48 ELECTRICAL POWER GENERATION</p> |
|--|---|

VERIFICATION

I _____, being duly sworn, an employee and Officer of _____, depose and say: as of the execution date of this Subcontractor Qualification Questionnaire, the information contained herein is accurate and complete.

Officer Name (Print): _____ Title: _____

Officer Signature: _____ Date: _____