



CONTRACTORS QUALIFICATION FORM

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Principle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Business Email: \_\_\_\_\_

Contractor License Number & Classification: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Circle either Yes or No:

Minority Business Enterprise: YES / NO

Women Business Enterprise: YES / NO

**Liability Insurance Agent** (Certificate of Insurance must be sent to the ASSIST Inc. office)

**Workers Compensation Agent** (Certificate of Insurance must be sent to the ASSIST Inc. office)

List of Specialties:

\_\_\_\_\_  
\_\_\_\_\_

Prior Employer before Licensed? \_\_\_\_\_

Name three suppliers with whom you have credit (name, address, phone):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name three subcontractors with whom you have dealt (name, address, phone):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name three clients for whom you done work within the last year (name, address, phone):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_