



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. _____