



SUBCONTRACTOR QUALIFICATION FORM

**EASTMAN CONSTRUCTION COMPANY
EASTMAN MANAGEMENT CORP**

**LIVINGSTON, NJ
973-992-7727X343**

**PLEASE COMPLETE THE FORM AND SUBMIT THE
FOLLOWING ATTACHMENTS WITH IT: (IF AVAILABLE)**

⇒ LICENSES (COPIES OF YOUR CURRENT LICENSE OR CERTIFICATION, IF YOU ARE AN ELECTRICIAN, PLUMBER, ASBESTOS HANDLER, OR IN ANY OTHER TRADE THAT REQUIRES A LICENSE OR CERTIFICATION TO PERFORM WORK)

SUBCONTRACTOR IDENTITY

AREA OF EXPERTISE _____

COMPANY NAME _____

ADDRESS _____

PHONE # _____

FAX # _____

E-MAIL ADDRESS _____

TAX ID OR SS# _____

CONTACT PERSON _____

TYPE OF COMPANY: SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP

DATE FORMED _____

STATE REGISTERED: _____

STATES IN WHICH THE COMPANY IS LEGALLY QUALIFIED TO DO BUSINESS _____

TOTAL NUMBER OF EMPLOYEES _____

NAMES AND TITLES OF KEY PEOPLE IN COMPANY

HAS THIS COMPANY OPERATED UNDER ANY OTHER NAME IN THE PAST 5 YEARS YES NO
IF YES, GIVE NAME(S) _____

DOES THE COMPANY HAVE OFFICES, PLANTS, OR WAREHOUSES AT OTHER LOCATIONS YES NO
IF YES, LIST ADDRESSES _____

YEARLY VOLUME OF WORK LAST YEAR: _____

PREVIOUS YEAR: _____

UNION AFFILIATION YES NO BOTH

MBE/WBE/SBE CERTIFICATION

IS THE COMPANY A CERTIFIED MINORITY BUSINESS ENTERPRISE (MBE), WOMEN BUSINESS ENTERPRISE (WBE), SMALL BUSINESS ENTERPRISE (SBE), OR ANY OTHER TYPE OF CERTIFIED BUSINESS ENTERPRISES ?

YES NO

IF YES, WHICH TYPE ? _____

CERTIFYING AGENCY _____

BANK REFERENCE

DOES THE COMPANY HAVE A LINE OF CREDIT FROM ANY LENDING INSTITUTION ?

YES NO

IF YES, GIVE DETAILS _____

AMOUNT OF CREDIT

OUTSTANDING BALANCE

LENDER'S NAME/ADDRESS/CONTACT/PHONE

BONDING CAPACITY

DO YOU HAVE BONDING?

YES NO

IF YES, GIVE DETAILS _____

SINGLE PROJECT LIMIT _____

AGGREGATE LIMIT _____

BONDING COMPANY NAME/ADDRESS _____

BONDING AGENT NAME/ADDRESS/PHONE # _____

COMPLETED PROJECTS (REPRESENTIVE PROJECT COMPLETED IN THE PAST 5 YEARS)

NAME OF PROJECT

SCOPE OF WORK

CONTRACT AMOUNT

COMPLETION DATE

CURRENT PROJECTS (SUMMERIZE CURRENT PROJECTS) LIST 3

NAME OF PROJECT

SCOPE OF WORK

CONTRACT AMOUNT

SCHEDULED COMPLETION

TRADE REFERENCES (LIST 3 OF YOUR SUBCONTRACTORS OR SUPPLIERS)

NAME ADDRESS FAX #/EMAIL CONTACT NAME

CLIENT REFERENCES (LIST 3 CLIENTS)

NAME ADDRESS PHONE#/EMAIL CONTACT NAME

OTHER INFORMATION

1. Has your company or any of its key people been a party to a bankruptcy or reorganization proceeding? YES NO
If yes, give date? _____

2. During the past five years, have any liens been filed you by any of your subcontractors or suppliers? YES NO
If yes, give details for any liens over \$5,000.00. _____

3. In the past five years, have you had liquidated damages assessed against you upon completion of a project?
 YES NO
If yes, give details. _____

4. In the past five years, has your company or any of its key people been involved in any lawsuits arising from construction projects? YES NO
If yes, give details. _____

In the past five years, has your company or any of its key people been investigated for or found to have committed a violation of any labor laws? YES NO
If yes, give details. _____

In the past five years, has your company or any of its key people been investigated for or found to have committed a serious OSHA violation? YES NO
If yes, give details. _____

Is there any other information you would like to give us? _____

