

Please complete the form below and email (form and all attachments) to PreQual@Tecindustrial.com If all items are not submitted, the review process will be stalled and your prequalification deemed incomplete. Please note that this is only our minimum requirements. Additional information may be requested due to the type of work to be performed.

SUPPLIER PREQUALIFICATION

Date PreQualification Completed Please note that you will have to resubmit and/or update your information annually.

GENERAL COMPANY INFORMATION

Company's Legal Name
Mailing Address
Street Address
Phone | Fax
Website
Estimating Contact | Title
E-Mail Address
Type of Company C Corporation S Corporation Partnership
 Sole Proprietor LLC Other
Is your firm an inverted domestic corporation? Yes No See 6 U.S.C. 395 for definition
Are there any affiliated subsidiaries? Yes No
If yes, please name them
Is your firm owned or controlled by another Yes No
If yes, please enter name of parent organization
Is your firm a subsidiary of an inverted domestic corporation? Yes No See 6 U.S.C. 395 for definition
State Sales Tax Registration No.
Union or Open Shop? Union Open Shop Both - Union & Open
Business Enterprise Status (ie-Small Disadvantaged WOSB VOS SD SDVO HubZone
Business, Veteran Owned, Women Owned, etc.): Certifying Agency:
*Please attach copies of all certifications regarding your status listed above.
Preferred Project Size \$25k-\$250k \$251k - \$500k \$1M \$2M \$5M+
List the geographical areas in which you work
Does your company receive ACH Payments for Services? Yes No

COMPANY'S PRINCIPALS

Name Title:
Name Title:
Name Title:
Name Title:

ADDITIONAL INFORMATION (OPTIONAL)

Please provide any additional information you may feel is beneficial in our evaluation process.

CUSTOMER REFERENCES

Please list three (3) customer references.

Company Name: Title/Position:
Contact Name : Email:
Phone Number:

Company Name: Title/Position:
Contact Name : Email:
Phone Number:

Company Name: Title/Position:
Contact Name : Email:
Phone Number:

REQUIRED ATTACHMENTS CHECKLIST

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PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ORGANIZATION

Name
Title
Signature Date