



# GRACE & NAEEM UDDIN, INC.

CONSULTING ENGINEERS • CONSTRUCTION MANAGERS  
 TOTAL PROGRAM MANAGERS • GENERAL CONTRACTORS  
 BUILDING INSPECTORS • PLANNERS - DEVELOPERS  
 DESIGN BUILD • CEI SERVICES

833 SHOTGUN ROAD, SUNRISE, FL 33326  
 PH.: (954) 693-0620 • FAX: (954) 693-0621  
 E-MAIL: GNU@GNUINC.COM  
 WEB SITE: WWW.GNUINC.COM

## SUBCONTRACTOR PREQUALIFICATION FORM

THE GNU TEAM WOULD LIKE TO THANK YOU FOR YOUR INTEREST IN WORKING WITH US ON PAST AND FUTURE PROJECTS AND IN TAKING THE TIME TO COMPLETE THIS PREQUALIFICATION FORM.

WE HAVE MADE THIS FORM AS BRIEF AS POSSIBLE AND ASK THAT YOU PROVIDE ALL INFORMATION REQUESTED PRIOR TO RETURNING THE FORM TO OUR OFFICE.

RETURN FORM TO :

**GNU - CONSTRUCTION MANAGERS**

Attn : Grace Beltran-Uddin, LEED AP

833 Shotgun Road  
 Sunrise, FL 33326

Ph. 305-887-6227, 954-693-0620 Fax 954-693-0621

E-Mail : GNU@GNUINC.COM

TAPE / PASTE YOUR BUSINESS CARD HERE :

### CONTACT INFORMATION :

Contact Person's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Office Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

STREET ADDRESS

Contact Fax: \_\_\_\_\_

CITY STATE , ZIP CODE

Website: \_\_\_\_\_

Is this address the (circle one): Main Office / Regional Office / Branch Office

### WORK PERFORMED / SERVICE PROVIDED :

List Type of Trade Work your Company Performs (by CSI "Specification" Division):

\_\_\_\_\_  
 PRIMARY TYPE OF WORK PERFORMED

Last Years Billing Volume: \_\_\_\_\_

\_\_\_\_\_  
 PRIMARY WORK

Previous Years Billing Volume: \_\_\_\_\_

\_\_\_\_\_  
 PRIMARY WORK

\_\_\_\_\_  
 OTHER TYPES OF WORK PERFORMED

Last Years Billing Volume: \_\_\_\_\_

\_\_\_\_\_  
 OTHER WORK

Previous Years Billing Volume: \_\_\_\_\_

\_\_\_\_\_  
 OTHER WORK

\_\_\_\_\_  
 COUNTY / STATE WORK PERFORMED

\_\_\_\_\_  
 COUNTY / STATE WORK PERFORMED

\_\_\_\_\_  
 COUNTY / STATE WORK PERFORMED

## SUBCONTRACTOR PREQUALIFICATION FORM

### GENERAL COMPANY INFORMATION:

Legal Company Name: \_\_\_\_\_ Year Started: \_\_\_\_\_

Type of Company: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
CORPORATION / PARTNERSHIP / SUB. S CORP.

Parent Company (if applicable) : \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Address of Parent Co.: \_\_\_\_\_ Federal I.D. Number: \_\_\_\_\_  
STREET ADDRESS  
 \_\_\_\_\_ State Unemployment Number: \_\_\_\_\_  
CITY STATE , ZIP CODE

Occupational License Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_

Contractors License Number: \_\_\_\_\_ Year Started: \_\_\_\_\_

List other Company names your Company has operated under (if applicable): \_\_\_\_\_

List Certifications (MBE / WBE / DBE / SBE): \_\_\_\_\_

**(PLEASE PROVIDE COPY OF CERTIFICATION)**

List BELOW Two (2) of the Corporate Officers & Partners of the Company

**(PROVIDE COMPANY ORG CHART)**

Number of people who Own more than 5% Stock in the Company : \_\_\_\_\_

NAME	PHONE	POSITION	% OWNERSHIP
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NAME	PHONE	POSITION	% OWNERSHIP
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List Number of Employees for PAST FIVE YEARS :

THIS YEAR	LAST YEAR	PAST 2nd YEAR	PAST 3rd YEAR	PAST 4th YEAR

List Two (2) Most Recent Projects **(ATTACH PROJECTS COMPLETED LIST - LIST PAST THREE ( 3 ) YEARS & REFERENCES):**

<b>Project:</b>	<b>Project:</b>
<b>Type of Work Performed:</b>	<b>Type of Work Performed:</b>
<b>Your Contract Volume:</b>	<b>Your Contract Volume:</b>
<b>General Contractor:</b>	<b>General Contractor:</b>
<b>Contact Name &amp; Tel No.:</b>	<b>Contact Name &amp; Tel No.:</b>

**Please attached list of 10 similar project with its value, and contact information**

List Bonding Company: \_\_\_\_\_

	COMPANY NAME	CONTACT	PHONE
Bonding Company Limits:	\$ _____ PER JOB	\$ _____	TOTAL _____