

# SUBCONTRACTOR QUALIFICATION FORM



Submit form to: Bayard Construction Group  
3717 Roswell Rd Suite. B  
Atlanta, GA 30342  
Phone: (229) 328-6123  
Email: [benjie@bayardbuilt.com](mailto:benjie@bayardbuilt.com)

Please complete form in its entirety and return to the above referenced location.

## FIRM INFORMATION

Name:	_____	Federal Tax ID #	_____
Address:	_____	Sales Tax ID#	_____
City/State/Zip:	_____	Dun & Bradstreet #	_____
Telephone:	_____	DBE Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax:	_____	HUB Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:	_____	MBE Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Website:	_____	SBE Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Name:	_____	VBE Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
President:	_____	WBE Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____		

If yes to any above, list County/ST certified: \_\_\_\_\_

## FIRM HISTORY

Years in business: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Does your firm have internet access: Yes No

Able to download drawings via the internet: Yes No

Geographic area(s) of operation: \_\_\_\_\_

Percentage of work performed by own forces: \_\_\_\_\_ %

Total permanent staff: \_\_\_\_\_ Average field forces: \_\_\_\_\_

Bidding range: Minimum \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

Total bonding capacity: \$ \_\_\_\_\_

Value of work presently bonded: \$ \_\_\_\_\_

Bond rate: \_\_\_\_\_ %

Work under contract: \$ \_\_\_\_\_

Annual sales last 3 years: \$ \_\_\_\_\_ /20\_\_\_\_ \$ \_\_\_\_\_ /20\_\_\_\_ \$ \_\_\_\_\_ /20\_\_\_\_

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## BONDING INFORMATION

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

Agent: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Bank: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Has firm ever failed to complete a contract? Yes(\_\_\_\_) No(\_\_\_\_)

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has firm ever filed bankruptcy? Yes(\_\_\_\_) No(\_\_\_\_)

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SAFETY

Safety EMR Rating last 3 years: \_\_\_\_\_ /20\_\_\_\_ \_\_\_\_\_ /20\_\_\_\_ \_\_\_\_\_ /20\_\_\_\_

**OSHA 300A Log:** Enter last three (3) calendar years and current year. Provide a copy of each OSHA 300 & 300A log.

Year	DART Rate	No. of Employees	Total Hours Worked	(J) Other Recordable Cases	(I) Job Transfers/Restrictions	(H) Lost Time	(G) Fatalities

**FATALITIES:** Provide a separate document that contains an explanation of any fatalities that occurred. Indicate the contributing factors and preventative measures implemented in response to the event.

**OSHA Citations:** Provide a separate document that contains all OSHA Citations issued (proposed, under contest/appeal, and final/closed) in the past 5 years. Explain why the citation was issued and what corrective actions have been implemented to minimize the potential for reoccurrence.

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## EXPERIENCE – CURRENT OR COMPLETED PROJECTS

**Project Name:** \_\_\_\_\_  
Location: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Percentage Complete: \_\_\_\_\_ %  
Type of Work: \_\_\_\_\_  
Completion Date: \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
Location: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Percentage Complete: \_\_\_\_\_ %  
Type of Work: \_\_\_\_\_  
Completion Date: \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
Location: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Percentage Complete: \_\_\_\_\_ %  
Type of Work: \_\_\_\_\_  
Completion Date: \_\_\_\_\_

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I attest that, to the best of my knowledge, the information contained herein is accurate.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

*Authorized Signature*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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