



SUBCONTRACTOR PREQUALIFICATION

Contact Information

Company: _____

Date: _____

Address: _____

Contact: _____

City: _____

Title: _____

State: _____

Phone: _____

Zip: _____

Cell: _____

Website: _____

Fax: _____

License: _____

Email: _____

Insurance & Bonding Capacity

Bond Rate: _____

Insurance Limits: _____

Bidding Information

Union Affiliation: _____

Current EMR: _____

Worked on the following: ☐ USCG ☐ Veterans Admin ☐ Navy ☐ Army/Airforce ☐ Boeing

Private Medical Clients: _____

Diversity Status: ☐ DBE ☐ MBE ☐ WBE ☐ HUBZone ☐ 8(a) ☐ SDVOB

Work Performed – Check all that apply: ☐ Vendor ☐ Subcontractor

<u>Scope Number</u>	<u>Scope Description</u>	<u>Scope Number</u>	<u>Scope Description</u>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____



Under Washington's workers' compensation laws (RCW 51.12.070) I am obligated to provide your company with certain information about our company in the event you subcontract our work to us. This information is being provided to help you comply with RCW 51.12.070.

My Business Information

Legal Business Name: _____

I am doing business under the following DBA: _____

Physical Address (Principal place of business where books and records are kept)

Address: _____

City: _____ State: _____ Zip: _____

My Tax and Licensing Information

Contractor Registration or License Number: _____ Expires: _____

L & I Insurance Account Number: _____ UBI Number: _____

Dept of Revenue Tax Number: _____

Employment Security Tax Number: _____

Accountant / Bookkeeper Contact

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Cybersecurity Compliance (CMMC)

Is your company currently CMMC certified?

Yes No In Progress

Level of certification achieved

Level 1 Level 2 Level 3+

Certification Body Name

Certification Date (or expected)

Status or timeline towards compliance

Please submit form to estimator@atcbuilder.com



It is our understanding of the pertinent tax laws that our principal place of business does qualify as an expense item on our Federal Income Tax Return and that we are keeping books and records that reflect all items of income and expenses for our business as required by the IRS. If you have questions, feel free to contact me at _____

Signed: _____ Title: _____

Printed: _____ Date: _____

Please submit form to estimator@atcbuilder.com

