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SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

Please submit by email to: Estimating@Citnalta.com

I. General Information

A. Name and address of your business:

B. Does your firm operate under any other name? (If yes, please detail)

Yes _____ No

C. List all trades and corresponding professional licenses, if applicable, by state that you perform work under (attach list if necessary).

State	Trade	License Number and Expiration Date
_____	_____	_____
_____	_____	_____

D. Bid Contact Name(s): _____

Phone Number: _____

Bid Invitation E-Mail: _____

E. Company Website: _____

F. Briefly describe the nature of the work and/or services provided by your company:

G. Provide the North American Industry Classification System (NAIC) codes applicable to your trade/services:

H. NYC School Construction Authority certified? Yes No +\$1M? -\$1M?

I. Bondable Yes up to \$_____ No

J. Line of Credit Yes up to \$_____ No

II. Organization

A. Business Type:

Corporation Partnership Limited Liability Company Joint Venture

Sole Proprietor Other:

B. What year was your company founded? _____

C. State of Incorporation: _____

D. Federal ID Number: _____

E. Indicate if your business qualifies as one of the following:

DBE MBE SBE WBE LBE SDVOB

(Please attach copies of all certifications)

F. Is your firm owned or controlled by a parent or any other organization? (If yes, please detail)

Yes No

G. Provide a list of the unions your company belong to:

H. If Non-Union will your firm sign a Project labor Agreement (P.L.A.)? Yes No

la. Please provide a current labor wage rate breakdown for the trades you anticipate using on Citnalta projects. The rate should include the base rate along with any associated fringe benefits.

- lb. Please include your current Workers Compensation rate so Citnalta can apply to non-OCIP projects. In addition, please provide backup from the associated union and your insurance company substantiating the rate calculation.

- J. Please provide/attach a copy of your most recent annual or semi-annual financial statement. If none are available, please provide/attach a copy of Schedule L (or equivalent) from most recently filled tax return (i.e. Corporations, LLC, etc.)

- i) Organizational Chart.
- ii) FEIN.
- iii) Good Standing Certificate.
- iv) Formation documents.

For MWBE/DBE etc., please provide evidence of certification and standing, audited Financial Statements for owner/members for preceding 3 fiscal years.

III. Work Experience

- A. How many people does your firm presently employ?

Corporate: _____
Field Supervision: _____
Tradespeople: _____
Other: _____

- B. Has your Company ever petitioned for bankruptcy, defaulted, or been terminated on a contract awarded to you? (If yes, please provide detail)

Yes No

- C. Has your Company ever been disbarred or precluded from public work? (If yes, please detail)

Yes No

- D. Has any entity made a claim against your Company for failing to make payments to that or any other entity? (If yes, please detail)

Yes No

F. What is the largest contract your company has completed?

Amount: _____

Year: _____

Project Name: _____

Scope of Work: _____
