

Dawson

Subcontractor Qualification Form

ALASKA

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907.780.1501 FAX

P.O. Box 35825
Juneau, AK 99803

WASHINGTON

360.756.1000 TEL
360.756.1001 FAX

P.O. Box 30920 (98228)
405 32nd Street, Suite 110
Bellingham, WA 98225

www.dawson.com

Please complete all fields, inserting "N/A" if question is not applicable.

Responses may continue to a separate page if necessary.

Return completed forms to: Email: subcontracts@dawson.com or Fax: 360-756-1001.

1. Company Information:		Date Established:				
Company Name:		Telephone:				
Street Address:		Mailing Address:				
Primary Contact Name		E-mail Address		Cell:		
Contractor's License No.		State	Business License No.:			
List Trades typically performed by Bidder's own forces						
<u>CSI</u>	<u>DESCRIPTION</u>					
Annual Revenue from years prior:						
Last year:		2 years ago:		3 years ago:		
Largest Projects:						
Year	Project Name	Contracting Company	Contact/phone No.	Contract Amt.	Completion Date	Bonded (Y/N)
Last year						
2 years ago						
3 years ago						
Completed Representative Projects:						
Year	Project Name	Contracting company	Contact/phone No.	Contract Amt.	Completion Date	Bonded (Y/N)

3 Year TRIR Average:

Does Company have a written safety program and policies	No	Yes
Does Company have a written Drug & Alcohol policy	No	Yes
Has the Company received any safety citations (OSHA/L&I) within the last 3 years?	No	Yes
Does Company employ a full-time safety person?	No	Yes

If yes, Name: . Phone: .

Attach copies of the following documents:

- a) EMR Documentation
- b) Safety Manual Table of Contents
- c) Explanation of any safety citations within the last 3 years including the dates and corrective actions taken
- d) OSHA 300 and 300A Logs (Past 3 Years)

OR

If fewer than 10 employees. Provide the following information on company letterhead:

- "We employed fewer than 10-employees" for the past three years
- Number of hours worked for the past three years
- Number of injuries AND description of injuries for the past three years (if any)

Explanation of any safety citations within the last 3 years including the dates and corrective actions taken

5. Company QA/QC Program

Does Company have a written QA/QC program and/or policies?	No	Yes
Does Company employ a full-time QA/QC representative?	No	Yes
If yes, Name: . Phone: .		

6. Project Performance and Construction Claims History

(if answer to any question in this section is yes, provide explanation on separate page)

Have you ever failed to complete a contract:	No	Yes
Have you ever defaulted on, or been declared in default of, a contract?	No	Yes
Have you ever been terminated?	No	Yes
Are you currently involved in any bankruptcy proceedings?	No	Yes
Have you ever been involved in any bankruptcy proceedings	No	Yes
Are you currently involved in any reorganization proceedings	No	Yes
Are there, or have there been, any liens,claims or lawsuits against your company either pending or resolved, within the last five years?	No	Yes
Are there any pending or unpaid debts or judgments against you?	No	Yes
Has company or any of its principals ever been debarred from bidding state or federal public construction work?	No	Yes

7. References

Material Supplier References List three of your major suppliers:

Company	Contact	Email	Phone

Construction (General Contractor) References: List three contractors with which you do business

Company	Contact	Email	Phone

Bank Reference:

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Company Officer Signature

Name Title Signature Date

Signing this agreement authorizes Dawson Construction, LLC to run a commercial credit report.

FOR OFFICE USE:

Safety

Reviewed By: _____ Date: _____ Comments: _____

Contracts

Reviewed By: _____ Date: _____ Comments: _____

P/M (Optional)

Reviewed By: _____ Date: _____ Comments: _____