



Sweetwater Construction Corp.
Pre-Qualification Form- Subcontractor

Company: _____ Name: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

1. Listed Trade(s): _____

2. Type of Work:

- Commercial Buildings (new)
Tenant Improvements
Hotels
Assisted Living
Laboratories
Health Care
Clean Rooms
Other: _____

3. Bonding Available? _____

4. Union ____ Open Shop ____ Both ____

5. Insurance Certificate (copy to be attached)

6. # of Field Workers ____ # Estimators ____ # Project Managers ____

7. Approximate Annual Volume: _____

8. Present EMR rating: _____

9. Additional Company contacts:

Title _____
Title _____

10. List 6 clients/projects you have worked with or on:

Signed: _____ Date: _____

Please return this form to Attn: David Blackwell dblackwell@sweetwatercorp.com fax to 609-655-0266.