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ESTIMATING DEPARTMENT

Subcontractor Pre-Qualification Form

Please complete this form and return via fax to (407) 839-1185.

Company Name:		D/B/A:	
Street Address:			
City:	State:	Zip:	
Tel. No:		Fax No:	
Estimating Contact:			Cell No:
Estimating Email Address:			
Please list CSI Trade Codes that apply to your company. _____, _____, _____, _____			

Which of the following types of construction projects apply to your company?

Commercial [<input type="checkbox"/>]	Schools [<input type="checkbox"/>]	Airport/Aviation [<input type="checkbox"/>]	College/University [<input type="checkbox"/>]
Local Government [<input type="checkbox"/>]	Federal Government [<input type="checkbox"/>]	Other [<input type="checkbox"/>] _____	

Please provide the following information:

Federal ID No:	License No:
State of Incorporation:	Year Incorporated:
Is your company bondable? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Maximum Bonding Capacity? \$ _____

Is your company a Certified Minority Enterprise or a Local Disadvantaged Business? [] Yes [] No

If yes, please check all that apply and attach your certificate.

Local & State: MBE [] WBE [] SBE [] DBE [] LDB [] Other: _____

Federal & Government SB [] SDB [] WOSB [] VOSB [] SDVOSB [] HSB []

Please check the geographical area(s) in which your company works:

Central FL [<input type="checkbox"/>]	Tampa / St. Pete [<input type="checkbox"/>]	SE Florida [<input type="checkbox"/>]	SW Florida [<input type="checkbox"/>]	Panhandle [<input type="checkbox"/>]	N/NE Florida [<input type="checkbox"/>]
States [<input type="checkbox"/>] _____					