



## VENDOR PREQUALIFICATION QUESTIONNAIRE

Name of Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Estimating Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Area of Operation: \_\_\_\_\_

List (3) of your major suppliers used in the past year:

- a. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_
- b. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_
- c. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

List (3) General Contractors that you have performed work for during the past year:

- a. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contact: \_\_\_\_\_ Project: \_\_\_\_\_
- b. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contact: \_\_\_\_\_ Project: \_\_\_\_\_
- c. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contact: \_\_\_\_\_ Project: \_\_\_\_\_

Bonding Company: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Bond Rate: (if required): \_\_\_\_\_

Insurance Company: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_

Licenses/Registration Numbers:  
Washington State Contractors Registration#: \_\_\_\_\_  
Washington State UBI#/State Excise Tax Registration#: \_\_\_\_\_  
Worker's Compensation Account ID#: \_\_\_\_\_  
Employment Security Dept ES Reference#: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
By: \_\_\_\_\_ Date: \_\_\_\_\_