



SUBCONTRACTOR AND SUPPLIER PREQUALIFICATION FORM

Date: _____ Business name: _____
Previous name of business, if applicable: _____
Contractors license number(s) and classification(s): _____
State issued: _____ Expiration date: _____
Address: _____

*We must have a physical address to deliver plans. Please list P.O. Boxes as additional address)

City: _____ State: _____ Zip: _____
Contact for new bids: _____
Telephone: _____ Fax: _____
Email: _____ Website: _____
Additional addresses / locations: _____

How long have you been in business? _____
Trade(s): _____
Annual dollar volume : 20__ _____ 20__ _____ 20__ _____
(past three years)
Geographical area covered: _____
Does your company travel over 300 miles? _____
How many employees: Field: _____ Office: _____
Number of separate crews: _____

Please check one:
Union: _____ Non-Union: _____ Both: _____ Affiliation: _____
Prevailing wage: YES NO
DBE: YES NO

Please check all that apply (only if more than 5% of yearly volume or if completed in the last 3 years):

Retail _____ Big Box Retail _____ Restaurant _____ Office _____ T I _____
Hospitality _____ Medical _____ Industrial _____ Sitework _____ Storage _____
Schools _____
Other _____

Have you completed 2 or more of the same projects? _____

Name of Principal(s) / Partner(s) / Owner(s):
Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Circle one: Corporation Partnership Sole-Proprietorship Individual

Prava Construction Services, Inc

Corporate Office
(760) 929-9787
(760) 579-0003 fax
2032 Corte Del Nogal, Ste 100
Carlsbad, CA 92011



List of projects in progress:

Scheduled completion date:

Project References:

Name of project: _____ Contract \$: _____
Location of project: _____
Owner or general contractor: _____
Dates of project: _____
Phone: _____ Fax: _____

Name of project: _____ Contract \$: _____
Location of project: _____
Owner or general contractor: _____
Dates of Project: _____
Phone: _____ Fax: _____

Name of project: _____ Contract \$: _____
Location of project: _____
Owner or general contractor: _____
Dates of project: _____
Phone: _____ Fax: _____

Trade References:

Company: _____
Address: _____
Contact person: _____
Phone: _____ Fax: _____

Company: _____
Address: _____
Contact person: _____
Phone: _____ Fax: _____

Prava Construction Services, Inc

Corporate Office
(760) 929-9787
(760) 579-0003 fax
2032 Corte Del Nogal, Ste 100
Carlsbad, CA 92011



P R A V A
CONSTRUCTION SERVICES, INC.

Bank Reference:

Name of bank: _____
Address: _____
Bank: _____
Contact: _____
Phone: _____ Fax: _____
Dun & Bradstreet #: _____

Bonding:

Agent: _____
Address: _____
Phone: _____ Fax: _____
Surety company: _____ Bonding capacity: _____

Insurance Information:

Carrier name: _____
Address: _____
Agent: _____ Title: _____
Phone: _____ Fax: _____

Carrier name: _____
Address: _____
Agent: _____ Title: _____
Phone: _____ Fax: _____

Check areas of insurance coverage you have in force:

Auto liability: _____ General liability: _____ Workman's comp: _____

Copy of insurance certificate attached YES NO

Has your company been cited by OSHA in the past 5 years? YES NO

Current Mod Rate: _____

If yes, explain: _____

Additional comments: _____

Prava Construction Services, Inc

Corporate Office
(760) 929-9787
(760) 579-0003 fax
2032 Corte Del Nogal, Ste 100
Carlsbad, CA 92011



AUTHORIZATION TO RELEASE INFORMATION

In connection with this pre-qualification application from Prava Construction Services, Inc., the undersigned authorizes the release of credit information, bonding information and reference verification.

It is also understood that all information is to be kept confidential and is for the exclusive use of Prava Construction Services, Inc. Qualification will be determined after review of information and approval of application.

Immediate processing of this application will expedite approval.

Company: _____

By: _____
Signature of Corporate Officer or Owner

Title: _____

Note: If corporation, a corporate officer must sign both authorization and application

Prava CSI Approval:

(Signature, Title, & Date)

PLEASE FAX TO: (760) 579-0003 OR E-MAIL TO: info@PRAVACSI.COM

Prava Construction Services, Inc

Corporate Office
(760) 929-9787
(760) 579-0003 fax
2032 Corte Del Nogal, Ste 100
Carlsbad, CA 92011