



CA Contractor's License #842851 B

Subcontractor Prequalification Form

1495 Columbia Ave., Bldg. 2 Riverside, CA 92507 Phone: 951-684-1909 Fax: 951-684-1984

GENERAL INFORMATION		Date Submitted:
Company Name:		
Address/City/State/Zip:		
Phone:	WBE <input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/>	
Primary Contact Name:	Contact Phone:	
Contact Email Address:	Company Website:	
LICENSES / TRADES		
Contractor's License #:	States Licensed:	
Subcontractor Trades:		
<input type="checkbox"/> Attach copy of contractor's license		
INSURANCE / W9		
<input type="checkbox"/> Attach proof of insurance (see minimum requirements)		
<input type="checkbox"/> Attach completed W9 form		
LIST (3) CURRENT AND/OR PAST PROJECTS		
Project name/Location:		
Project name/Location:		
Project name/Location:		
COMPANY OWNER/PRESIDENT		
Name:		
Phone:	Email Address:	
AR / BILLING CONTACT		
Name:		
Phone:	Email Address:	

Printed Name:	Signature:
Title:	Date:

Return completed form by email to estimating@harcoinc.us