



Subcontractor Prequalification

(Completely Fill Out Prequalification)

Arlington Construction, Inc.
 519 East 11th Avenue
 Columbus, OH 43211
 614-299-2990
 614-299-5655 fax
 sweaver@arlingtonconstruction.com

Company Information

Company Name _____ Date _____

Address _____

Street Address

Suite #

City

State

ZIP Code

Phone () _____

Fax () _____

States Licensed/will work in MI OH IN

State License # (if applicable) _____

Minority Contractor YES NO Type _____ Certified by: _____
i.e. women-owned, veteran-owned, etc.

Bondable up to \$ _____ Bond Rate _____ Safety Manual & Safety Program YES NO

Primary Contact

Contact Person: _____ Phone: () _____

Title: _____ Email: _____

Type of Work

Experience with the following – Please Check

- | | |
|-------------|-------------|
| Commercial | Historical |
| Retail | Financial |
| Restaurants | Industrial |
| Educational | Hospitality |
| Medical | Automotive |

Describe the scope/product you provide

Give specific names of projects you have completed _____

References

List 3 clients and 3 suppliers your company has worked with within the last 2 years

Contact Person _____	Job Name _____
Company _____	Phone () _____
Contact Person _____	Job Name _____
Company _____	Phone () _____
Contact Person _____	Job Name _____
Company _____	Phone () _____
Contact Person _____	Job Name _____
Company _____	Phone () _____
Contact Person _____	Job Name _____
Company _____	Phone () _____

Please email to Sam Weaver at sweaver@arlingtonconstruction.com or you can fax it to 614-299-5655.