



2103 NW Loop 410 San Antonio Texas 78213

Please Fill Out Form and Fax or Email to Our Office  
to [info@thegfpgroup.com](mailto:info@thegfpgroup.com) or fax 271-0020

### **Sub Contractor Pre-Qualification Form**

#### **Contact Information:**

Company Name: \_\_\_\_\_  
Primary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Web Address: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Profile Information:**

Trade(s) Performed: \_\_\_\_\_

Geographic Regions Serviced: \_\_\_\_\_

Structure Type(s) Preferred:

<input type="checkbox"/> Commercial	<input type="checkbox"/> Education	<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Industrial	<input type="checkbox"/> Military	<input type="checkbox"/> Religious
<input type="checkbox"/> Residential	<input type="checkbox"/> Retail	<input type="checkbox"/> Transportation	<input type="checkbox"/> Utilities

Work Type(s) Preferred:  New  Alterations/Rehabilitations  Interior Fix-Ups

Typical Project \$ Size: \_\_\_\_\_ Annual \$ Volume of Work: \_\_\_\_\_

Years in Business:  # of Employees  Labor Affiliation:  Union  Non-Union  Prevailing Wage

Business Certifications: (*Attach documentations from any local, state, or federal agency that has certified your company.*)

Minority Business Enterprise (MBE)  Disadvantaged Business Enterprise (DBE)

Woman Business Enterprise (WBE)  Local Business Enterprise (LBE)

Small Business Enterprise (SBE)  Veterans Business Enterprise (VBE)

Other: \_\_\_\_\_

Manufacturer Certifications: \_\_\_\_\_

Trade Association and/or Organizations: \_\_\_\_\_

Projects Recently Completed (List 2):

Project Title: \_\_\_\_\_ Location: \_\_\_\_\_

Trade(s) Performed: \_\_\_\_\_

Contract Amount \_\_\_\_\_

Owner/ CM/ GC: \_\_\_\_\_

Project Title: \_\_\_\_\_ Location: \_\_\_\_\_

Trade(s) Performed: \_\_\_\_\_

Contract Amount \_\_\_\_\_

Owner/ CM/ GC: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_