



4834 Whirlwind Drive
San Antonio, Texas 78217

Phone (210) 655-3774
Fax (210) 590-6862

VENDOR QUALIFICATION REQUEST

Project Name: _____
 Business Name: _____ Federal Tax I.D. No.: _____
 Mailing Address: _____ Physical Address: _____
 _____ (if different) _____
 Phone Number: _____ Fax No.: _____ Years in Business: _____

Corporation: President: _____ Estimator: _____
 Partnership: Project Manager: _____ Field Supt.: _____
 Sole-Proprietorship: PM's E-mail: _____ Foreman: _____

Trade Catagories: 1. _____ Region and Locations of Work: Bexar County:
 2. _____ 3. _____ 100 Mile Radius: Out of Sate:
 Total Number of Employees: _____ 200 Mile Raduis: United States:

Common size of jobs: \$ _____ Bonding Capacity: Single \$ _____ Total Aggregate \$ _____

Largest size completed: \$ _____ Surety Company: _____

Disadvantaged Classification: Bonding Agent: _____

MBE WBE AABE SBE Agent Phone No.: _____

In-House Design Build Capabilities: Yes No Written Safety Program: Yes No

	Project #1	Project #2
Jobs in Progress		
Name of Job:	_____	_____
General Contractor:	_____	_____
Type of Job:	_____	_____
Dollar value of your work:	_____	_____
Bonded/Non-Bonded:	_____	_____
Name/Phone of Contact:	_____	_____

	Project #1	Project #2
Recently Completed Jobs		
Name of Job:	_____	_____
General Contractor:	_____	_____
Type of Job:	_____	_____
Dollar value of your work:	_____	_____
Bonded/Non-Bonded:	_____	_____
Name/Phone of Contact:	_____	_____

Trade References/Major Suppliers (Include name, address, phone & contact).
 1. _____
 2. _____
 3. _____

Have you ever operated under any other name? Yes No If Yes: _____
 Have you ever been involved in bankruptcy or re-organization? Yes No
 Are there any pending judgements? Yes No
 Submit an AIA Document A305 or Similar Format: Required Not Required
 Prepared By: _____ Date: _____
 Title: _____