



# CONTRACTOR PREQUALIFICATION APPLICATION FORM

P.O. Box 626 ~ 537 North Blythe Avenue ~ Gallatin, TN 37066  
(O) 615-230-2966 ~ (F) 615-206-0201 ~ (E) info@srsincorp.com

8(A) CERTIFIED - SDB CERTIFIED - HUBZONE CERTIFIED - DOT DBE CERTIFIED



# CONTRACTOR PREQUALIFICATION APPLICATION FORM

## I. CONTRACTOR CONTACT INFORMATION

Tax ID: \_\_\_\_\_ DUNS #: \_\_\_\_\_ Contractor License: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Primary POC: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## TYPE OF ORGANIZATION

\_\_\_ Corporation Incorporated in the State of \_\_\_\_\_

\_\_\_ Partnership Year Incorporated \_\_\_\_\_

\_\_\_ Sole Proprietorship Years under present management \_\_\_\_\_

## A. PRINCIPAL OFFICERS

**POSITION** (President, V-President, Secretary, Treasurer)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## B. EMPLOYEES AND PERSONNEL

Business Size = Small < 10 employees; Medium 10-50 employees; Large > 50 employees

TOTAL NUMBER OF EMPLOYEES \_\_\_\_\_ # PERMANENT FIELD EMPLOYEES \_\_\_\_\_

# SEASONAL FIELD EMPLOYEES \_\_\_\_\_

Address: P.O. Box 626, Gallatin, TN 37066

Phone: (615) 230-2966

Fax: (615) 206-0201

Revision1: 5/10/2007

Revision2: 7/31/2009



**C. THREE REFERENCES**

Name	Telephone/ E-Mail	\$ Amount	Type Work Performed
1. _____			
2. _____			
3. _____			

Please give names and brief description of qualifications of your construction personnel (experience, certification, licenses) to perform the type of work you are interested in performing for SRS, Inc.

- A) \_\_\_\_\_
- B) \_\_\_\_\_
- C) \_\_\_\_\_

(Attach a separate sheet if more space is needed.)

Cities/States you may perform work:	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Scopes of Work/Areas of Service (check all that apply)**

Site work – Grading, Utilities, Paving, Curbs & Sidewalks	Glass – Storefront, Windows, Curtain Wall, Interior, Mirrors
Demolition – Building and Interior	Skylights – All Types
Deep Foundations & Soil Stabilization – all types	Misc. Glass and Doors – Access Doors
Misc. Site – Unit Pavers, Walls, Fences, Perm Features	Drywall – Plaster, Stucco, Cold Metal, Metal Blocking EIFS
Landscaping & Irrigation	Acoustical – Ceilings, Wall Panels, Sound Panels
Concrete – Foundations, Slabs, CIP Beams and Columns	Tile/Marble – Hard Tiles, Marbles and Terrazzo
Pre-Cast Concrete – Structural, Architectural, Cast Stone	Carpet / Resilient – Carpet Tiles, VCT, Sheet Vinyl
Tilt Up Walls	Special Flooring – Epoxy, Wood, Stone, Brick
Masonry – CMU, Brick, Architectural, Damp proofing	Painting / Wall Covering – All Types
Metals – Structural Steel, Metal Decking	Specialties – Marker Boards, Toilet Partitions & Hardware, etc..
Metals – Ornamental Metals and Metal Stairs	Equipment – All Types
Metals – Misc. Metals and Expansion Joints	Furnishing – All Types
Millwork – Architectural Millwork, Vanities, Counters Tops	Special Construction – Specify types under others below
Casework – Laboratory, Schools, Kitchens, Epoxy Tops	Elevators
Structural Wood – Heavy Timber, Trusses	Escalators
Rough Carpentry – Wood Blocking, Sheathing, Interiors	Lifts / Cranes
Roofing – All Types	Fire Protection – All Types, Fire Pump
Fire Proofing – Spray On and In tumescent	Plumbing
Water Proofing – Sealants, Caulking, Joint Filler	HVAC
Doors & Hardware – Metal or Wood w/ Frames	Electrical Systems and Generators



Over Head Doors – All Types and Dock Equipment	Telephone/Data, Audio & Video, Security Systems
Other:	Other:

**II. CLASSIFICATION** (check all that apply)

- =====
- \_\_\_\_\_ **MINORITY**      A business that is at least 51% owned, controlled, and operated by a minority group.
- \_\_\_\_\_ **WOMEN**      A business that is at least 51% owned, controlled, and operated by a woman or women.
- \_\_\_\_\_ **HANDICAPPED**      A business that is at least 51% owned, controlled, and operated by a handicapped person(s).
- \_\_\_\_\_ **VETERANS**      A business that is at least 51% owned, controlled, and operated by a veteran(s).

If you have been certified in one of the classifications above, please indicate the date and certifying agency in the spaces below.

Agency & Date of Certification: \_\_\_\_\_  
(Minority, Women, Handicapped, Veteran Classification)

**III. INSURANCE / BONDING / SURETY**

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**Insurance Company Name:** \_\_\_\_\_

**Do You Have Workmen Comp Insurance**    Yes \_\_\_\_\_ No \_\_\_\_\_

**Contact Information for Agent:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Surety Company Name:** \_\_\_\_\_

**Surety Broker Name:** \_\_\_\_\_

**Bonding Capacity Per Job:** \_\_\_\_\_ \$

**Aggregate:** \_\_\_\_\_ \$

**Contact Information:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_



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**PLEASE ATTACH A CURRENT COPY OF YOUR INSURANCE  
COVERAGE, CERTIFICATION(S) AND LICENSE.**

**Please provide the following documents/information with  
application:**

- A current copy of a Certificate of Insurance with your company as the insured (General Liability, Workers Compensation and Vehicle Insurance)
- Copy of EMR rating (Workers Compensation Experience Rating)
- Copy of OSHA Training Certificates
- Copy of Contractor/Professional License



***WHERE TO SEND YOUR COMPLETED APPLICATION***

**SEND TO:  
Idella Baldwin  
Procurement Manager**

**Via Mail:  
SRS, Inc.  
P. O. Box 626  
Gallatin, TN 37066**

**Via Fax:  
615-206-0201  
Attn: Idella**

**Via E-Mail:  
[ibaldwin@srsincorp.com](mailto:ibaldwin@srsincorp.com)**

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**THE END**