



## SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

### SUBCONTRACTOR INFORMATION

Legal Business Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

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

'Remit to' (Accounts Receivable) Address if different than above: \_\_\_\_\_

Email Address : \_\_\_\_\_ Dunn & Bradstreet Number: \_\_\_\_\_

Internet URL: \_\_\_\_\_ Federal Tax ID (EIN/TIN): \_\_\_\_\_ or SSN: \_\_\_\_\_

Sole Proprietor  Partnership  Corporation  Affiliate  Joint Venture  Subsidiary

Non-Profit  Division of:

### I. COMPANY OFFICERS, PARTNERES OR PRINCIPALS (Please attach organizational chart)

A. Parent Company: \_\_\_\_\_

B. Corporate Address: \_\_\_\_\_

C. Year Established: \_\_\_\_\_ D. Number of Employees: \_\_\_\_\_ E. State of Incorporation: \_\_\_\_\_

F. Subsidiary/Affiliations: \_\_\_\_\_

G. Type of Business

Contractor  Consultant  Manufacturer  Carrier  Distributor  Factory Rep

Wholesaler  Software  Retailer Other: \_\_\_\_\_

H. Products or Services offered: \_\_\_\_\_

### II. BUSINESS CLASSIFICATION (Please provide copies of all active certifications)

A. Are you a certified diversity enterprise? YES  NO

If yes, please list your diversity classifications:

B. Are you self certified? YES  NO

If no, please list which agency(s) issued you the certification:

C. Are you certified as, or a participant in a US Small Business Administration (SBA) program? YES  NO

### III. BUSINESS INFORMATION

A. Have you worked for, or supplied material to MYR Group Inc. or any of its affiliates? YES  NO

B. Do you have any union affiliations? YES  NO

C. Are you interested in working:  regional  national



**IV. FINANCIAL DATA**

A. Indicate your annual sales for the last three years:

| Year  | Sales |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

B. Attach financial statements (audited if available) for the interim and previous 2 years.

C. Please attach a list of company owned equipment.

D. Bank Reference: \_\_\_\_\_

E. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

F. Bank Reference: \_\_\_\_\_

G. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please notify your bankers as listed above to authorize release of banking information.**

H. Indicate dollar range which you are interested in bidding:

Minimum: \$ \_\_\_\_\_ Maximum: \$ \_\_\_\_\_

I. Are you Bondable?

YES  NO

J. Dollar limit per contract: \_\_\_\_\_

K. Total dollar bondability: \_\_\_\_\_

**V. INSURANCE COVERAGE**

A. Please provide a copy of your Certificate of Insurance.

**SIGNATURE**

I certify the above information and any attachments are correct to the best of my knowledge.

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**REMIT TO**

Please return completed Supplier Pre-Qualification Application to: **Pre-qual@myrgroup.com**

**NOTE: This questionnaire does not qualify or approve your company as a subcontractor nor does it obligate us to solicit price quotations or proposals from your company.**