

How did you find out about Centennial/Joint Venture?

Referred by: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Subcontractor Qualification Form

Please complete the following to the best of your ability and submit to our office to be pre-approved to perform work for Centennial or its JV Partners. Prequalification and/or evaluation of your firm cannot be completed without this information. Visit [www.cce-inc.com](http://www.cce-inc.com) to learn more about Centennial.

### 1. Company Information:

Company Name: \_\_\_\_\_ Primary Trade: Please see page 3 attachedMailing Address: \_\_\_\_\_ Secondary Trade: Please see page 3 attachedCity, State, Zip (9 digit)<sup>1</sup> \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SIC/NAICS Code(s)<sup>2</sup>: \_\_\_\_\_ Contractor's License Number: \_\_\_\_\_DUNS No<sup>3</sup>: \_\_\_\_\_ Federal Tax ID No.: \_\_\_\_\_

### 2. Organization Information:

 Sole Proprietor     LLC     Partnership     C-Corporation     S-Corporation     Joint Venture     LLP

Number of Employees: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_ Annual Volume: \$ \_\_\_\_\_

Union(s) your firm is signatory with, if any? Union Name and Local Number \_\_\_\_\_

 Apprentice Program Participant

Program Name: \_\_\_\_\_ No. of Apprentices: \_\_\_\_\_

### 3. Business Status (mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Large Business Concern (LB)         | <input type="checkbox"/> Small Business Enterprise (SBE) |
| <input type="checkbox"/> Small Disadvantaged Business (SDB)  | <input type="checkbox"/> Woman Business Enterprise (WBE) |
| <input type="checkbox"/> Veteran-Owned Small Business (VOSB) | <input type="checkbox"/> Service-Disabled Veteran-Owned  |
| <input type="checkbox"/> Minority Business Enterprise (MBE)  | <input type="checkbox"/> Small Business (SDVOSB)         |
| <input type="checkbox"/> Other _____                         | <input type="checkbox"/> HUB Certified                   |

### SBA Certification (attach copy of certificate):

- HUB Zone Certified  
 8(a) Small Business Certified  
 Economically Disadvantaged Woman Certified

### 4. Bonding & Insurance

Bonding Company/Agent: \_\_\_\_\_

Project Bond Limit \$ \_\_\_\_\_ Aggregate Bond Limit \$ \_\_\_\_\_ Bond Rate \_\_\_\_\_ %

Insurance - *Please see attached sample and requirements*

<sup>1</sup> To find your 9 digit zip code (the Zip +4) go to: <http://zip4.usps.com/zip4/welcome.jsp>

<sup>2</sup> You can find your NAICS (North American Industry Classification System) code here: <http://www.census.gov/eos/www/naics/>

<sup>3</sup> If your firm does not have a DUNS Number, you may request one from Dun & Bradstreet, Inc. at <http://www.dnb.com/get-a-duns-number.html>

**5. HSEQ (Health, Safety, Environment and Quality)**

A Safety orientation must be scheduled with a Project Safety Manager prior to starting work on our project sites. This includes submitting a written Company Safety Program and Accident Prevention Plan (APP).

- Has your company been cited by OSHA/State for a safety violation within the last five (5) years?  Yes  No
- Please list your firm's Experience Modification Rate for the most recent three years:
  - 2017: \_\_\_\_\_ 2016: \_\_\_\_\_ 2015: \_\_\_\_\_

**6. Experience - Identify contract and building types your firm has worked on:**

- Athletic       Correctional       Cultural/Museum       Educational       Design/Build  
 Government       Transportation       High Tech/Labs       Office       Design Assist  
 Parking Facilities       Renovation       Industrial       Healthcare

Has your company worked in active Healthcare facilities?  Yes  No

Which facilities: \_\_\_\_\_

Attach a separate page or list below at least three (3) completed projects with the following:

- (1) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Year work was completed: \_\_\_\_\_ \$ Value: \_\_\_\_\_  
 Scope of Work performed: \_\_\_\_\_
- (2) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Year work was completed: \_\_\_\_\_ \$ Value: \_\_\_\_\_  
 Scope of Work performed: \_\_\_\_\_
- (3) Project Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Year work was completed: \_\_\_\_\_ \$ Value: \_\_\_\_\_  
 Scope of Work performed: \_\_\_\_\_

**7. Credit References**

Supplier/Vendor Name	Contact Name	Phone	Fax

**8. Additional Information** Please attach additional information about your company (optional).

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Return to:**  
 Centennial Contractors  
 1605 E. 20<sup>th</sup> Street  
 Austin, TX 78722  
 Fax: 512-220-2700 or [tkoch@cce-inc.com](mailto:tkoch@cce-inc.com)

## Trade Listing

**Vendors:**

- 01 11 Engineering
- 01 45 Testing – Asphalt, Concrete, Masonry, Soils
- 01 46 Imaging - X-ray, Thermographic
- 01 51 Temp Toilets
- 02 21 Surveying
- 02 41 Landfill/Recycling Containers
- 02 42 Reuse Commodity Stores
- 02 82 Hazmat Testing & Consulting

**Subcontractors: (Check all that apply)**

- 01 56 Traffic Control
- 02 41 Whole Building Demolition
- 02 65 Underground Storage Tank Removal
- 02 82 Asbestos/Lead/Mold Remediation
- 03 31 Structural Concrete (For Sidewalks see 32 16)
- 03 48 Precast Concrete
- 03 81 Concrete Cutting
- 04 05 Masonry
- 04 01 Restoration Masonry
- 05 05 Mobile Welding
- 05 58 Metal Fabrication
- 06 05 Wood Framing & Sheeting
- 07 05 Waterproofing Systems
- 07 21 Building Thermal Insulation
- 07 22 Roof & Deck Insulation
- 07 23 Siding (RS Means 07 46)
- 07 24 EIFS Systems
- 07 31 Roofing - Composition
- 07 33 Roofing - Green Roof Systems
- 07 52 Roofing – Built Up
- 07 53 Roofing – EPDM
- 07 61 Roofing - Sheet Metal
- 07 81 Applied Fireproofing
- 08 13 Doors
- 08 34 Special Function Doors
- 08 51 Windows
- 08 62 Skylights
- 08 71 Door Hardware
- 08 81 Glazing
- 09 29 Gypsum Board (Drywall)
- 09 30 Tiling
- 09 51 Acoustical Ceilings

**Subcontractors: (Check all that apply)**

- 09 64 Wood Flooring
- 09 65 Resilient Flooring
- 09 68 Carpeting
- 09 91 Painting
- 09 97 Special Coatings
- 10 28 Toilet, Bath Accessories
- 10 75 Flagpoles
- 11 41 Food Service Equipment
- 11 66 Special Athletic Equipment & Surfaces
- 11 68 Play Field Equipment & Structures
- 12 35 Specialty Casework, Cabinets & Countertops
- 13 34 Pre-Fabricated Engineered Structures
- 14 05 Conveying Equipment
- 21 05 Fire Suppression Systems
- 22 05 Plumbing, General Purpose
- 22 10 Hydronic/Steam Piping Systems & Boilers (RS Means 23 21)
- 22 15 Fuel Piping (RS Means 23 11)
- 23 05 HVAC Systems
- 23 31 HVAC Duct & Accessories
- 23 35 Instrumentation & Control for HVAC (RS Means 23 09)
- 26 09 Instrumentation & Control for Electrical Systems
- 26 12 Medium/High Voltage Electrical Gear & Systems
- 26 27 Low Voltage Electrical Systems
- 26 51 Lighting Systems
- 27 05 Communications
- 28 16 Intrusion Detection/Video Surveillance Systems
- 28 31 Fire Detection Systems & Mass Notification Systems
- 31 26 Clearing, Grading, Excavation & Fill
- 32 12 Paving, Asphalt Systems
- 32 14 Porous Paving Systems
- 32 16 Sidewalks & Driveways
- 32 17 Pavement Markings (Striping)
- 32 31 Fencing & Gates
- 32 84 Irrigation Systems
- 32 92 Grasses, Hydroseeding & Sod
- 32 93 Landscaping & Plants
- 33 05 Utilities – Water, Sewer, Storm
- 33 51 Utilities - Natural Gas & Propane
- 33 71 Utilities – Electrical (Overhead or Underground)
- 33 81 Utilities – Communications (Overhead or Underground)
- 34 11 Rail Track Systems
- 35 20 Waterway & Marine Construction
- Other \_\_\_\_\_