

CONTRACTOR'S QUALIFICATION FORM

(Please return entire package completed and signed)

1. Company name _____

2. Legal Entity: Sole Proprietorship _____ Partnership _____ Corporation _____

3. Business Address _____

4. Business Phone _____ Fax # _____

Cell Phone _____ Email Address _____

5. Principal Owner/s _____

6. License Holder's name _____

7. Length of time in business _____ State License No: _____

8. Contractors Federal Identification # _____

9. Has your license ever been revoked or suspended? _____

10. Have you ever had a complaint against you filed with the State Contractor's Board? _____

If yes, please explain _____

11. Have you ever filed bankruptcy? _____ If yes, give date _____

12. Please list prior customers as a licensed contractor within the last 6 months. Jobs in Contra Costa County only.

a. _____
Customer's Name Address

_____ \$
Type of Work Provided Phone Amount of Job

b. _____
Customer's Name Address

_____ \$
Type of Work Provided Phone Amount of Job

13. The agent supplying your Contractor's Liability Insurance:

_____	_____	_____
Agent's Name	Address	Phone
_____	_____	_____
Surety Bond Agent	Address	Phone

14. Please list subcontractors you generally use.

_____	_____	_____
_____	_____	_____

15. Please list suppliers you generally use.

_____	_____	_____
_____	_____	_____

16. Are you a minority owned business?	Yes* _____	No _____
Are you a woman owned business?	Yes* _____	No _____
Are you a small business enterprise?	Yes* _____	No _____

**Please submit a completed Contra Costa County Small Business Enterprise
and Outreach Self Certification Form (see form attached)*

I hereby authorize the County of Contra Costa to verify any and all information contained in this application. I certify that the information supplied here is true and correct. I understand that all information provided will be kept confidential.

Contractor's Signature	Date
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