



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.