



Red Rock Contractors Valued Partner Pre-Qualification Form



COMPANY INFORMATION

Company Name	
Physical Address	
Mailing Address	
Phone Number	
Fax Number	
Federal Tax ID#	
Contractor's License #	
Type of Work Performed	
# Years in Business	
Website Address	
Job(s) you are interested in bidding	

CONTACT INFORMATION	CONTACT NAME	POSITION/TITLE	PHONE	EMAIL
Owner/Principal				
Contract signing contact				
Bid contact				

TRADE REFERENCES	TRADE NAME	CONTACT NAME	PHONE	FAX
Trade 1				
Trade 2				
Trade 3				

SUPPLIER REFERENCES	SUPPLIER NAME	CONTACT NAME	PHONE	FAX
Supplier 1				
Supplier 2				
Supplier 3				

INSURANCE INFORMATION	COMPANY NAME	EXPIRATION DATE	CONTACT	PHONE
General Liability Carrier				
Worker's Comp Carrier				
Auto Insurance Carrier				



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ACKNOWLEDGEMENTS

On behalf of the above-named company, the undersigned certifies that the information and responses provided herein are true, complete and accurate as of this date, and he/she is aware that any intentionally misrepresented or falsified information may result in disqualification from future contracting opportunities.

On behalf of the above-named company, the undersigned authorizes Red Rock Contractors to run a credit report Yes_____ No_____

Signature_____

Date_____