



Brad Construction Company II
RENOVATE • BUILD • DESIGN

Subcontractor/Vendor Registration Form

Company Information

Company Name: _____ Corporation
Phone Number: _____ **Fax Number:** _____ Partnership
Mailing Address: _____ Individual
City: _____ **State:** _____ **Zip:** _____ LLC
Website: _____ Other
Tax ID #: _____ **Duns #:** _____
County License # : _____ **State Lic#:** _____ **Exp date:** _____
Years in Business: _____

Primary Contact Information

First Name: _____ **Last Name:** _____
Title: _____ **Company Branch Location:** _____
E-Mail Address: _____
Phone Number: _____ **Mobile Number:** _____
Fax Number: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____

Employment & Work Area

How many of the following do you employ: **Labor** _____ **Foreman** _____ **Super** _____
Est/PM _____

Do you subcontract any of your work? Y N

Certifications

Please select all applicable certifications:

Certification Number: _____

Expiration Date: _____

- | | | | |
|--------------------------|--|--------------------------|------------------------------|
| <input type="checkbox"/> | Small Business | <input type="checkbox"/> | Women Owned Business |
| <input type="checkbox"/> | Minority Owned Business | <input type="checkbox"/> | Disabled Individual Business |
| <input type="checkbox"/> | Veteran or Service-Disabled Veteran Owned Business | | |

Type of Work, Service or Trade

TYPE OF WORK PERFORMED: _____

AVERAGE PROJECT SIZE:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$0 - \$25k | <input type="checkbox"/> \$25k - \$75k | <input type="checkbox"/> \$75k - \$250k | <input type="checkbox"/> \$250k - \$750k |
| <input type="checkbox"/> \$750k - \$1.25M | <input type="checkbox"/> \$1.25M - \$3M | <input type="checkbox"/> \$3M + | |

LARGEST PROJECT SIZE: \$ _____

Professional References

PROVIDE FOUR PROFESSIONAL REFERENCES

Company and contact: _____

Phone and email address: _____

Nature of work performed: _____

Contract Amount: _____ Date Completed: _____

Company and contact: _____

Phone and email address: _____

Nature of work performed: _____

Contract Amount: _____ Date Completed: _____

Company and contact: _____

Phone and email address: _____

Nature of work performed: _____

Contract Amount: _____ Date Completed: _____

Company and contact: _____

Phone and email address: _____

Nature of work performed: _____

Contract Amount: _____ Date Completed: _____

Bonding

Name of Surety: _____

Agent and phone #: _____

Bonding Capacity: _____

Claims and Suits

Has your company or owner of your company ever failed to complete any work awarded? Y N
If yes, explain:

Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your company or its officers? Y N
If yes, explain:

Has your company filed any law suits or requested arbitration with regard to construction contracts within the last 5 years? Y N
If yes, explain:

THE FOLLOWING FORMS ARE REQUIRED WITH THIS APPLICATION:

- **Copy of your current contractor's license**
- **Copy of your General Liability Insurance/Worker's Comp with BCCII listed as additional insured.** (If you answered yes to subcontractor question above, subcontractor will need to provide proof of insurance.)
- **W-9**
- **Copy of all certifications**

I certify under penalty of perjury that all information contained herein is true and may be relied upon by Brad Construction Company II in order to approve status as vendor or subcontractor. I understand that submission of this application does not guaranty that your company will be invited to bid or perform work with BCCII.

Signed: _____

Title: _____

Company: _____

Date: _____