



## Subcontractor/Consultant/Vendor Prequalification

*Thank you for your interest in supporting Cal Pacific Constructors Inc. (CPCI)'s Project Delivery Teams. Please complete the preliminary prequalification form in detail so we can assess your company's capabilities.*

Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ +4 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

1. Contractor or Professional License # \_\_\_\_\_ State(s): \_\_\_\_\_ DUNS # \_\_\_\_\_

2. ISN #: \_\_\_\_\_  Union Affiliations: \_\_\_\_\_  Non-Union  Gold Shovel Certified

3. Registered in DIR program:  Yes  No DIR # \_\_\_\_\_ EMR Rate \_\_\_\_\_ (enter as x.xx)

4. Trade/Type of Work/Services/Product/: \_\_\_\_\_

5. Service Area(s) (please check):

- San Diego County     Central California     Orange County     Other States/Areas:  
 Inland Empire     Northern California     LA/Ventura County \_\_\_\_\_  
 Western Arizona     Western Nevada \_\_\_\_\_

6. Markets of Interest (please check):

- Federal/Military (Prevailing Wage)     Public Works (Prevailing Wage)     CalTrans  
 Private     Commercial     Cities/Counties  
 Water Agencies     PUC (PG&E, Edison, SDG&E, SoCalGas)     Other: \_\_\_\_\_

7. Years in business under present business name: \_\_\_\_\_

8. Annual revenue in the last (3) three years: 2017 \_\_\_\_\_ 2016 \_\_\_\_\_ 2015 \_\_\_\_\_

9. Typical project/contract range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

10. Does your business qualify for any of the following Diversity Programs (Complete all that apply):

Program	Certified By	Certification #
Small Business (Federal, DGS)		
CalTrans Disadvantaged Business Enterprise (DBE)		Firm ID #: _____
Historically Underutilized Business Zone (HUBZone)		CAGE Code: _____
Minority Business Enterprise (CPUC)		
LGBT Enterprise (CPUC)		
Vet Businesses: Disabled Veteran (DVBE) and/or Service (SDVOSB)		
SBA 8(a) Business Development Program Certified Firm		CAGE Code: _____
Women Owned Business Enterprise (WBE) or WOSB-ED		

**\*\*Please provide a copy of your certification(s) with form.**

I guarantee that the above information is a true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_ **(Must be signed by Owner/Officer)**

Please submit the completed form to: [bids@calpacificconstructors.com](mailto:bids@calpacificconstructors.com)

**NOTE: If information submitted is incomplete, Cal Pacific Constructors, Inc. may not be able to process your prequalification. The acceptance of a prequalification form is not a guarantee of work.**