



Please return this form via mail, fax or email to:
Melissa Gibbs, Business Development
 5736 Citrus Blvd., Ste 200
 Harahan, LA 70123
 504-733-4336 Phone / 504-734-0389 Fax
 mgibbs@gibbsconstruction.net

SUBCONTRACTOR PREQUALIFICATION FORM

Company Name: _____

Contact Person: _____

Address: _____

E-Mail (All bid invitations sent by e-mail): _____

Phone: _____ Fax: _____

Capabilities: _____

Capacities/Equipment: _____

Preferred Project Sizes: _____

Bonding Capabilities: _____

Insurance Limits: (Sample Insurance Certificate) _____

Louisiana State Contractors License Number: _____

Company Classification and Certifications: (check all that apply)

- Small Business
- 8a Small Business
- Hub Zone
- Minority Owned Business Enterprise
- Disadvantaged Business Enterprise
- Woman Owned Business Enterprise
- Veteran Owned Small Business
- Disabled Veteran Owned Small Business
- Native American/Eskimo Owned Small Business

Local, State and Federal Certifying Agency
 (HANO, DOTD, N.O. Airport, etc.)

_____ NAICS Code (if known) _____ Yearly Sales Volume _____ Number of Employees

Do you have a financial statement? _____

Which bank does your company use? _____

Credit References: _____

Under 15NSC 645(d) I represent that the information provided and stipulated to for business structure is correct as defined by the Small Business Association.

Signature: _____ Date: _____

Title: _____