



SUBCONTRACTOR/SUPPLIER APPLICATION

Thank you for your interest in Tejas Premier! We are eager to add you to our bidder’s list – please complete the information below to help us keep our records current and accurate. Upon completion please sign and return the form via *e-mail* to bids@tejaspremierbc.com or via *fax* to: 210-821-5862. If you have any questions regarding the completion of this form please call our estimating department at: 210-821-5858.

GENERAL INFO: Please provide your company’s general information below:

Legal Name of Firm: _____

Tax ID #: _____ Proprietorship Corporation Partnership Other: _____

Yr Founded: _____ Number of employees (select one): 1-10 11-50 > 50

Office Phone#: _____ Office Fax#: _____ Website: _____

Estimator: _____ Cell #: _____ Email address: _____

Physical Address (city, state, zip) _____

Mailing address if different than above: _____

If someone other than the estimator should receive Invitations to bid (ITB), provide name & email below:

Name: _____ Email address: _____

CERTIFICATIONS: Check all certifications that apply; provide your Certification Number (if applicable) and Send a copy of each certificate. Not applicable / Not certified

	Certification #	Expiration date
<input type="checkbox"/> SCTRCA	_____	_____
<input type="checkbox"/> AABE <input type="checkbox"/> ABE <input type="checkbox"/> DIBE <input type="checkbox"/> ESBE <input type="checkbox"/> HABE <input type="checkbox"/> MBE <input type="checkbox"/> NABE <input type="checkbox"/> SBE <input type="checkbox"/> VBE <input type="checkbox"/> WBE		
<input type="checkbox"/> SCTRCA <input type="checkbox"/> DBE.....	_____	_____
<input type="checkbox"/> State of Texas – HUB.....	_____	_____
<input type="checkbox"/> Registered via CMBL.....	_____	_____
<input type="checkbox"/> Registered COSA – SAePS.....	_____	_____
<input type="checkbox"/> Section 3 through <input type="checkbox"/> COSA.....	_____	_____
<input type="checkbox"/> Section 3 through <input type="checkbox"/> SAHA.....	_____	_____
<input type="checkbox"/> Federal, SBA (check all that apply):		
<input type="checkbox"/> 8(a) <input type="checkbox"/> 8(m) WOSB <input type="checkbox"/> HubZone <input type="checkbox"/> EDWOSB <input type="checkbox"/> VOSB <input type="checkbox"/> SDVOSB		

PROJECT SIZE / TYPE: Please select the project size capability and type that best fits your company:

- Tier 1 Up to \$249,999.99 Construction Services
- Tier 2 Over \$ 250,000.00 (Bonding Required) Services: Facilities & Maintenance

ABOUT YOUR COMPANY:

Please list the service(s) your company *self-performs*: _____

License Type: _____ **License #:** _____

State of Issuance: _____ **Expiration Date:** _____

INSURANCE INFORMATION:

Insurance Carrier _____ Agent Name: _____

Agent Phone # _____ Address: _____

Worker's Compensation: \$ _____ General Liability: \$ _____ Auto: \$ _____

Umbrella: \$ _____ Professional Liability: \$ _____ Errors & Omissions: \$ _____

BONDING INFORMATION: None

Agent Information (Name & Phone#): _____

What are your bonding capabilities? Single: _____ Aggregate: _____

PAST PROJECTS: List the major projects your firm has completed in the past 3 years.

1. Project Name: _____

Owner/Contractor: _____ Phone #: _____

Architect/Engineer: _____ Phone #: _____

Contract Amount: \$ _____ Start & Finish Dates: _____

2. Project Name: _____

Owner/Contractor: _____ Phone #: _____

Architect/Engineer: _____ Phone #: _____

Contract Amount: \$ _____ Start & Finish Dates: _____

3. Project Name: _____

Owner/Contractor: _____ Phone #: _____

Architect/Engineer: _____ Phone #: _____

Contract Amount: \$ _____ Start & Finish Dates: _____

AUTHORIZATION:

The undersigned individual hereby acknowledges that he/she is an authorized person representing the above named Firm and authorizes Tejas Premier Building Contractor, Inc. to contact the above listed references.

Print Name: _____ Signature: _____

(date)