



About the Subcontractor Pre-Qualification Form:

ATLANTIC MOVING & STORAGE uses the information you provide on the Subcontractor Pre-Qualification Form to add your company to our subcontractor database, which is also our Bidder's List.

Please fill out the form accurately and as completely as possible. Additional company information and or contacts may be submitted on supplementary pages.



**Subcontractor Pre-Qualification Form:**

| COMPANY OPERATIONAL INFORMATION |                   |
|---------------------------------|-------------------|
| Company Name:                   | Date:             |
| Office/Mailing Address :        | Physical Address: |
| Phone#:                         | Fax# :            |
| E-mail Address:                 | Website:          |
| Structure of Company:           |                   |

Corporation

|                              |
|------------------------------|
| Date of Establishment: _____ |
| State: _____                 |

| Owner :   | Email Address:<br>Phone :   |
|---|---|
| Key Contact Person:   | Email Address:<br>Phone :   |
| Accounting:   | Email Address:<br>Phone :   |
| Federal ID Number   | Annual Volume:  |
| # of Office Employees:  | # of Field Employees:   |
| Minority Information:   |   |
| <input type="checkbox"/> MBE (Minority Business)<br><input type="checkbox"/> WBE (Woman's Business)<br><input type="checkbox"/> DBE (Disadvantaged Business)<br><input type="checkbox"/> SBE (Small Business)<br><input type="checkbox"/> HUB (Historically Underutilized Business)<br><input type="checkbox"/> None of the Above | Certification Status:<br><input type="checkbox"/> N/A<br><input type="checkbox"/> Self<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private |

**Service Areas**

List any specific cities, counties or states your company performs work in : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Other Information**

Are you currently involved in any lawsuits related to work in progress or completed work?  Yes  No

If yes, please explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Please list three (3) client references from the past six months.

| Client Name | Contact Name / Phone# / Email | Address |
|-------------|-------------------------------|---------|
|             |                               |         |
|             |                               |         |
|             |                               |         |

**Signature**

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading

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

Signed by : \_\_\_\_\_

Title : \_\_\_\_\_

Date Signed : \_\_\_\_\_