



LAWRENCE BUILDING CORP

SUBCONTRACTOR QUALIFICATION QUESTIONNAIRE

All subcontractors / suppliers interested in working on our projects are required to complete this questionnaire.

1 -General Information

Business Name

Address

City

State

ZIP

Fax

Telephone

E-Mail

Contact Name

Are you a Union Shop

2 - Work Experience

Please list at least 4 projects you have completed in the past 3 years

Project name

General Contractor

1

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2

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3

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4

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Please list 3 major vendors including contact name and phone number

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

3 - Safety

Please list your firm's Experience Modification Rating for the past 3 years

Year	Mod Rating
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Who is your firm's safety representative ?

Has your firm had any OSHA citations in the last 3 years ?

Have your workers completed the proper OSHA training ?

Can documents of training be provided if requested ?

I hereby certify that the above information is accurate and correct.

Completed By;

Name	<input type="text"/>	Title	<input type="text"/>
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Date