

# Vendor and Contractor Pre Screening Form

Please complete this form in print. All fields must be filled out completely to be considered for vendor/contractor approval.

## 1. General Company Information

Legal Company Name:	<input type="text"/>
Trade Name / DBA (if applicable):	<input type="text"/>
Business Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>
Primary Contact Name:	<input type="text"/>
Primary Contact Title:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Company Website:	<input type="text"/>

## 2. Business Legal & Tax Status

Federal Tax ID (EIN) or SSN:	<input type="text"/>
Business Structure (e.g., LLC, Corporation, Sole Proprietor):	<input type="text"/>
State of Incorporation/Registration:	<input type="text"/>
Professional License Number(s) & State:	<input type="text"/>

## 3. Services, Capabilities & Experience

Primary Trade / Services Provided:	<input type="text"/>
Years in Business under Current Name:	<input type="text"/>
Number of Full-Time Employees:	<input type="text"/>
Geographic Service Area:	<input type="text"/>
Do you utilize subcontractors? (Yes / No):	<input type="text"/>

## 4. Insurance & Safety Information

General Liability Insurance Carrier:	<input type="text"/>
General Liability Policy Limit (\$ USD):	<input type="text"/>
Workers' Compensation Carrier (Write "Exempt" if applicable):	<input type="text"/>
Workers' Compensation Policy Limit (\$ USD):	<input type="text"/>
Has your company had any OSHA violations in the past 3 years? (Yes / No):	<input type="text"/>

## 5. Client References

Provide two recent business references for whom you have performed similar services.

### Reference 1

Company Name:	<input type="text"/>
Contact Name & Title:	<input type="text"/>

Phone or Email:

## Reference 2

Company Name:

Contact Name & Title:

Phone or Email:

## 6. Acknowledgment & Authorization

I hereby certify that the information provided in this pre-screening form is true, accurate, and complete. I authorize the inquiry and verification of all statements contained herein.

Authorized Signature (Sign after printing):

Printed Name:

Title:

Date (MM/DD/YYYY):