



## COMPANY QUALIFICATION STATEMENT

The submitting party certifies that the information provided herein is true and complete.

<b>Company Name:</b>	
<b>General Scope(s) of Work You Perform:</b>	
<b>Company Webpage:</b>	
<b>Main Office Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Office Number:</b>	
<b>Fax Number:</b>	
<b>Primary Contact Name:</b>	
<b>Title:</b>	
<b>Phone Number, Ext:</b>	
<b>Fax Number:</b>	
<b>Cell Phone Number:</b>	
<b>Email Address:</b>	
<b>Secondary Contact Name:</b>	
<b>Title:</b>	
<b>Phone Number:</b>	
<b>Cell Phone Number:</b>	
<b>Bidding Email Address:</b>	One general used that all ITB can go to

1.2 Construction Work Type (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Multifamily and Residential | <input type="checkbox"/> Medical                      | <input type="checkbox"/> Public / Government |
| <input type="checkbox"/> Utilities and Treatment     | <input type="checkbox"/> Sports and Leisure           | <input type="checkbox"/> Office              |
| <input type="checkbox"/> Parking Structures          | <input type="checkbox"/> Education                    | <input type="checkbox"/> Retail              |
| <input type="checkbox"/> Highways and Bridges        | <input type="checkbox"/> Industrial and Manufacturing |  |

1.3 Enter the potential contract amount for the scope of work that your company is interested in pursuing (check all that apply)

\$0 to \$250,000

\$5,000,001 to \$10,000,000

\$250,001 to \$500,000

Above \$10,000,000

\$1,000,000 to \$5,000,000

1.4 How many years has your organization been in business? \_\_\_\_\_

1.5 How many years has your organization been in business under its present business name? \_\_\_\_\_

1.5.1 Under what other or former names has your organization operated?  
\_\_\_\_\_

1.6 Company Status

Corporation

Partnership

Individual

Joint Venture

1.7 If your organization is a **corporation**, answer the following:

1.7.1 Date of incorporation: \_\_\_\_\_

1.7.2 State of incorporation: \_\_\_\_\_

1.7.3 President's name: \_\_\_\_\_

1.7.4 Vice-president's name(s): \_\_\_\_\_

1.7.5 Secretary's name: \_\_\_\_\_

1.7.6 Treasurer's name: \_\_\_\_\_

1.8 If your organization is a **partnership**, answer the following:

1.8.1 Date of organization: \_\_\_\_\_

1.8.2 Type of partnership (if applicable): \_\_\_\_\_

1.8.3 Name(s) of general partner(s): \_\_\_\_\_

1.9 If your organization is **individually** owned, answer the following:

1.9.1 Date of organization: \_\_\_\_\_

1.9.2 Name of owner: \_\_\_\_\_

1.10 If your organization is a **joint venture**, describe it and name the principals.

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## 2. LICENSING

2.1 Select trade categories in which your organization is legally qualified to do business. Please select **all** that apply:

01 – General Requirements

Such as \_\_\_\_\_

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05 – Metals

Such as \_\_\_\_\_

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09 – Finishes

Such as \_\_\_\_\_

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02 – Existing Conditions

Such as \_\_\_\_\_

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06 – Wood, Plastics, and Composites

Such as \_\_\_\_\_

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10 – Specialties

Such as \_\_\_\_\_

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03 – Concrete

Such as \_\_\_\_\_

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07 – Thermal and Moisture Protection

Such as \_\_\_\_\_

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11 – Equipment

Such as \_\_\_\_\_

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04 – Masonry

Such as \_\_\_\_\_

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08 – Openings

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12 – Furnishings

Such as \_\_\_\_\_

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13 – Special Construction

Such as \_\_\_\_\_

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25 – Integrated Automation

Such as \_\_\_\_\_

33 – Utilities

Such as \_\_\_\_\_

14 – Conveying Equipment

Such as \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21 – Fire Suppression

Such as \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22 – Plumbing

Such as \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23 – Heating, Ventilation and Air Conditioning

Such as \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26 – Electrical

Such as \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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28 – Electronic Safety and Security

Such as \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31 – Earthwork

Such as \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32 – Exterior Improvements

Such as \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34 – Transportation

Such as \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35 – Waterway & Marine

Such as \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48 – Electrical Power Generation

Such as \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44 – Pollution Control Equipment

Such as \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48 – Electrical Power Generation

Such as \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.2 Please select where (City and State(s)) in which your company pursues work, and

provide corresponding license number(s):

2.3 List any additional jurisdictions and license numbers in which your organization is legally qualified to do business.

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2.4 Please check each of the following that applies to your organization:

Minority Type: \_\_\_\_\_ Certification With (ie. State, Orange County, etc): \_\_\_\_\_  
Minority  
Women  
Veteran  
Small Business  
Other: \_\_\_\_\_

### 3. EXPERIENCE

3.1 List your company's annual volume for the past five (5) years:

2020: \_\_\_\_\_ 2017: \_\_\_\_\_

2019: \_\_\_\_\_ 2016: \_\_\_\_\_

2018: \_\_\_\_\_

3.7 Provide worker compensation modification rate for the past (5) years:

2020: \_\_\_\_\_ 2017: \_\_\_\_\_

2019: \_\_\_\_\_ 2016: \_\_\_\_\_

2018: \_\_\_\_\_

3.8 Does your company have an OSHA compliant safety program?

Yes  No

3.9 Has your company received any OSHA Citations within the last three (3) years?

Yes  No

If you answered "Yes", please provide the following information:

3.13.1 OSHA Inspection Activity Number: \_\_\_\_\_

3.13.2 Date of Inspection: \_\_\_\_\_

3.13.3 Brief Description of Citation: \_\_\_\_\_

3.13.4 Monetary Penalty: \_\_\_\_\_

3.10 Provide a breakdown of the total number of recordable injury and illness cases that occurred during the year:

3.14.1 Total number of deaths: \_\_\_\_\_

3.14.2 Total number of cases with days away from work: \_\_\_\_\_

3.14.3 Total number of cases with job transfer or restriction: \_\_\_\_\_

3.14.4 Total number of other recordable cases: \_\_\_\_\_

3.11 Attach a copy of the OSHA 300A Summary of Work-Related Injuries and Illnesses.

3.12 Does your company have a Drug Abuse Policy with includes pre-hire, random, and post-accident drug testing?  Yes  No

3.13 Does your company employ a Safety Director?  Yes  No

3.13.1 If you answered "Yes", how frequently will he/she perform inspections on the construction site? \_\_\_\_\_

#### 4. FINANCIAL INFORMATION

4.1 Is your company capable of providing a payment and performance bond equal to 100% of the contract amount?  Yes  No

4.2 State the name and rating of your bonding company, Or attach letter from agent.

Surety Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Rating: \_\_\_\_\_

4.3 State the name of your bonding agent and your bonding capacity.

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Aggregate Bonding Capacity: \_\_\_\_\_

Single Project Bonding Capacity: \_\_\_\_\_

Current Bond Capacity Available: \_\_\_\_\_

4.4 Provide a certified letter from your surety company acknowledging that your firm would be provided performance and payment bonds on future projects and the total aggregate and single project bonding capacity available for your firm.

4.5 Dun & Bradstreet Business Rating: \_\_\_\_\_

4.6 FEIN#: \_\_\_\_\_

**Email to [info@axioscs.com](mailto:info@axioscs.com)**