



**Womack, Lewis
& Smith, Inc.
General Contractors**

POST OFFICE BOX 1750•CARTERSVILLE, GEORGIA 30120•FAX 770-382-3334•PHONE 770-382-3497

Subcontractor/Vendor Qualification Form

1. BUSINESS TYPE: Contractor () Vendor ()

2. BUSINESS INFORMATION
 Company Name: _____
 Mailing Address: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone Number: _____
 Fax Number: _____

3. TYPE OF BUSINESS: Corporation () Partnership () Individual () Joint Venture ()

4. STATE AND DATE ORGANIZED: _____

5. FIRM'S PRIMARY TYPE OF WORK: _____

6. NAME & TITLE OF OFFICERS, OWNERS, AND/OR PARTNERS:

<u>NAME:</u>	<u>TITLE</u>
_____	_____
_____	_____
_____	_____
_____	_____

- PRIMARY EMAIL ADDRESS: _____
 SECONDARY EMAIL ADDRESS: _____

7. IF A SUBSIDIARY OF ANOTHER COMPANY, LIST PARENT COMPANY NAME & ADDRESS.

8. LENGTH OF TIME IN BUSINESS:
 A. Under Current Name: _____ B. Under Other Name: _____

9. CURRENT NUMBER OF FULL TIME EMPLOYEES:
 A. Office: _____ B. Field Supervisory: _____ C. Tradespeople: _____

10. IS THIS BUSINESS OR ANY OFFICER, STOCKHOLDERS, KEY MEMBERS, OR ANY RELATED COMPANIES INVOLVED IN ANY LITIGATION OR DISPUTES, OR ANY JUDGMENTS PENDING OR RENDERED? No () Yes () If yes, please explain on separate page.

11. HAVE YOU FAILED TO COMPLETE ANY WORK AWARDED TO YOU? No () Yes () If yes, please explain on separate page.



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12. LIST YOUR MAJOR CURRENT CONSTRUCTION PROJECTS:

Project Name: _____

Address: _____

Owner: _____

Contract Amount: _____ Architect: _____

General Contractor: _____

Project Contact: _____ Title: _____

Contact Information:

Phone: _____ Email Address: _____

Scheduled Completion Date: _____

Project Name: _____

Address: _____

Owner: _____

Contract Amount: _____ Architect: _____

General Contractor: _____

Project Contact: _____ Title: _____

Contact Information:

Phone: _____ Email Address: _____

Scheduled Completion Date: _____



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Project Name: _____

Address: _____

Owner: _____

Contract Amount: _____ Architect: _____

General Contractor: _____

Project Contact: _____ Title: _____

Contact Information:

Phone: _____ Email Address: _____

Scheduled Completion Date: _____

Project Name: _____

Address: _____

Owner: _____

Contract Amount: _____ Architect: _____

General Contractor: _____

Project Contact: _____ Title: _____

Contact Information:

Phone: _____ Email Address: _____

Scheduled Completion Date: _____



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Project Name: _____

Address: _____

Owner: _____

Contract Amount: _____ Architect: _____

General Contractor: _____

Project Contact: _____ Title: _____

Contact Information:

Phone: _____ Email Address: _____

Scheduled Completion Date: _____

Project Name: _____

Address: _____

Owner: _____

Contract Amount: _____ Architect: _____

General Contractor: _____

Project Contact: _____ Title: _____

Contact Information:

Phone: _____ Email Address: _____

Scheduled Completion Date: _____



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13. LIST FIVE (5) GENERAL CONTRACTOR REFERENCES FOR WHICH YOU HAVE WORKED:

Company Name	Contact	Telephone Number	Email Address

14. LIST FIVE (5) TRADE (CREDIT) REFERENCES:

Company Name	Contact	Telephone Number	Fax Number

15. SUBMIT A COPY OF YOUR STANDARD INSURANCE CERTIFICATE SHOWING COVERAGE & LIMITS

16. INSURANCE AGENCY INFORMATION:

Company Name: _____
Address: _____
City, State, Zip: _____
Telephone No. & Fax No.: _____



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17. BOND AGENCY INFORMATION:

Company Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone No. & Fax No.: _____
 Dollar Amount of Bonded Work on Hand: _____
 Bonding Capacity: A. Total: _____ B. Per Job: _____
 Contact Name: _____
 Surety Company: _____

18. BUSINESS BANK INFORMATION

Bank Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone No. & Fax No.: _____
 Account Executive: _____

19. SUBMIT FINANCIAL STATEMENT, AUDITED IF AVAILABLE, TO INCLUDE:

Current Assets: _____ Current Liabilities: _____
 Total Assets: _____ Net Worth: _____

*Your financial statement is strictly for Womack, Lewis & Smith's Accounting Department and will be treated confidentially.

20. FEDERAL IDENTIFICATION NUMBER: _____

21. WOMACK, LEWIS & SMITH, INC. IS A DRUG-FREE WORK PLACE:

DOES YOUR FIRM HAVE A DRUG TESTING PROGRAM? YES or NO

22. HOW MANY OSHA VIOLATIONS HAS YOUR COMPANY HAD WITHIN THE LAST 3 YEARS?

(Year = # Violations)

_____ = _____ = _____ = _____

Please give a brief description of the violations below (attach additional sheet if needed)



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23. DOES YOUR COMPANY PARTICIPATE IN THE EMPLOYMENT ELIGIBILITY VERIFICATION PROGRAM? Yes () No ()
If yes please provide EEV # _____

24. NOTE – WOMACK, LEWIS & SMITH, INC. WILL REQUIRE A SUPERVISOR WHO IS FLUENT IN ENGLISH TO BE ON SITE AT ALL TIMES THAT WORK IS TAKING PLACE.

THE INFORMATION PROVIDED IN THIS QUALIFICATION FORM WAS FURNISHED BY:

Name: _____

Title: _____

Company: _____

Date: _____