

SUBCONTRACTOR/
VENDOR PREQUALIFICATION
FORM

MZN Construction, Inc.
701 N. Harbor Blvd.
La Habra, CA 90631
(562) 694-5441



DATE:

1. Company Information:

Company Name:		Telephone:	
Address:		Fax:	
Contact:		Website:	

2. Is this Office the: Main Regional Branch Office

Is this company a: Corporation Partnership Individual Joint Venture Other

Please provide a list of all company locations, an organizational chart, resumes of principals and certifications if appropriate.

Scope(s) of Work Performed.

- | | | | |
|--------------------------------|-------------------------------|--------------------------------|-----------------------|
| <input type="checkbox"/> 01000 | General Conditions | <input type="checkbox"/> 12000 | Furnishings |
| <input type="checkbox"/> 03000 | Concrete | <input type="checkbox"/> 13000 | Special Construction |
| <input type="checkbox"/> 04000 | Masonry | <input type="checkbox"/> 14000 | Conveying Systems |
| <input type="checkbox"/> 05000 | Metals | <input type="checkbox"/> 15000 | Mechanical |
| <input type="checkbox"/> 06000 | Wood and Plastics | <input type="checkbox"/> 21000 | Fire Suppression |
| <input type="checkbox"/> 07000 | Thermal & Moisture Protection | <input type="checkbox"/> 22000 | Plumbing |
| <input type="checkbox"/> 08000 | Doors & Windows | <input type="checkbox"/> 23000 | HVAC |
| <input type="checkbox"/> 09000 | Finishes | <input type="checkbox"/> 26000 | Electrical |
| <input type="checkbox"/> 10000 | Specialties | <input type="checkbox"/> 31000 | Site Work |
| <input type="checkbox"/> 11000 | Equipment | <input type="checkbox"/> 32000 | Exterior Improvements |

3. Company License Information:

State	License No.	License Expiration	Monetary Limit of License

4. List those individuals, as applies, involved within the company:

Title:	Telephone:	Email:	Notes:
Officer:			
Officer:			
Principal:			
Safety Director:			
Primary Contact:			

5. How many years has your company been in business? _____(years)
6. Has your firm ever failed to complete an awarded contract? Yes No
If yes, please attach a paragraph stating why work was incomplete. Provide location, type of work, owner or owners' rep, architect and contract amount.

Program	Certified By:	Certification #
Small Business		
CalTrans Disabled Business Zone (DBE)		
Historically Underutilized Business Zone (HUBZone)		
Minority Business Enterprise		
Veteran Owned: DVBE and/or SDVOSB		
SBA 8(a) Business Development Program Certified Firm		
Women Owned Business Enterprise (WBE) or WOSB-ED		

Please provide a copy of your certification(s) with this form, thank you.

7. Can you provide a payment and performance bond if required? Yes No
8. Attach a letter from Surety Company stating aggregate bonding capacity and single contract limit.

\$ _____ Single Contract Limit \$ _____ Bonding Capacity

Indicate size of your average contract:

- Up to \$50,000 \$50,000 - \$250,000 \$250,000 – \$500,000 \$500,000+

9. Present value of work under current contract(s): \$ _____
10. List or attach last four projects completed, their size, and type of work, date completed, location, contract value and owner's name.

Completed last four projects:

Job Name	Type	Location	Contract \$	Owner Contact	Owner Phone	Date Complete

11. References: List at least three (3) for each type:

Suppliers:

Company	Address	Phone	Contact Name	Position

Does your Company provide safety training for all employees? Yes No

If yes, please list training provided.

Does your Company set annual safety goals? Yes No

If yes, please list training provided.

Does your Company have a program recognizing your employees for safety performance excellence? Yes No

Does your Company have a disciplinary program in place for safety violations? Yes No

Does your Company review the safety management systems of your subcontractors? Yes No

Does your Company conduct accident/incident investigations? Yes No

13. Subcontractor Insurance:

Agent/Broker:	
Contact:	
Phone:	

PLEASE NOTE:

All of the above information must be completed. It is of particular importance that you attach copies of the documents requested. Without the complete scope of information requested, MZN Construction, Inc. may be unable to include your firm in the bid solicitation.

The Subcontractor may be asked for the following information:

1. Resumes of principals or key personnel
2. Prequalification M/W/DBE CUF Self-Affirmation (separate attachment)
3. Organizational Chart
4. Letters of recommendation, marketing materials, or any other information demonstrative of the contractors experience, skill, ability, and integrity.

Thank you for taking the time to complete this statement. We look forward to working with you in the near future.

MZN Construction, Inc.

This Information can be mailed to:

MZN Construction, Inc.
ATTN: Heidi Heredia
701 N. Harbor Blvd.
La Habra CA 90631

Or FAX to: (562) 694-5622

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that TPBC will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated this _____ day of _____, 2016.

Name of Company: _____

Signature: _____

Title: _____