



Subcontractor Pre-Qualification Information New Mexico Division

8400 Firestone Ln. NE, Albuquerque, NM 87113 Phone: 505-433-3664 • Fax: 505-892-3371

GENERAL INFORMATION				Date Submitted:	
Company Legal Name:			DBA:		
Address/City/State/Zip:					
Phone:			Fax:		
Primary Contact Name:			Primary Contact Phone:		
Primary Contact Email Address:			Company Website:		
Estimator Contact Name:			Estimator Contact Phone:		
Estimator Email Address:			Number of Full-Time Employees:		
License Information					
Class / Type	Number	Expires	Class / Type	Number	Expires
Class / Type	Number	Expires	NM Department of Work Solutions Certificate of Public Works Registration Number:		
CONSTRUCTION / FINANCIAL / BIDDING INFORMATION					
Annual Gross Sales for last 3 Years		20 :	20 :	20 :	
List all Trades that you want to bid:					
Has your organization ever failed to complete any work awarded to it? (If so, please explain on a separate sheet)					
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your company or officers? (If so, please explain on a separate sheet)					
BONDING / INSURANCE / BANKING INFORMATION					
Surety: Provide a current bonding letter from your Surety Company demonstrating your company's bonding capacity per project and aggregate and the AM Best Rating of your bonding company.					
Insurance: Attached is a sample of Brycon's insurance requirements. At a minimum you must meet our insurance requirements prior to being added to our subcontractors list.					
Bank: Please provide a bank reference letter to include the length of the relationship with the bank, your company standing and the current line of credit.					
SAFETY INFORMATION					
Experience Mod Rate for last 3 Years		20 :	20 :	20 :	
Recordable Incident Rate for last 3 Years		20 :	20 :	20 :	
Please attach OSHA 300A logs to your pre-qualification form for review.					
PROJECT EXPERIENCE:					
List 5 most significant projects COMPLETED in the last two years					
Project #1:					
Location:			Contract Amount:		
Owner Name:			Brief Description of Scope:		
GC Name:					
GC Contact # Bi a VYf:					

Project #2:	
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
; 7 7cbhJW# Bi a VYf.	
Project #3:	
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
; 7 7cbhJW# Bi a VYf.	
Project #4:	
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
; 7 7cbhJW# Bi a VYf.	
Project #5:	
Location:	Contract Amount:
Owner Name:	Brief Description of Scope:
GC Name:	
; 7 7cbhJW# Bi a VYf.	
VENDOR / SUPPLIER REFERENCES	
Reference #1:	Contact:
Phone:	Email:
Reference #2:	Contact:
Phone:	Email:
Reference #3:	Contact:
Phone:	Email:
Reference #4:	Contact:
Phone:	Email:
Reference #5:	Contact:
Phone:	Email:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I attest that I have the authority to do so on behalf of the firm. In addition, by submitting this document I have given BRYCON Corporation permission to contact references, sureties, insurance providers, and others named in this pre-qualification in order to verify the information submitted. Brycon also reserves the right to request financial statements.

Printed Name _____ Signature _____
 Title _____ Date _____

Return completed form by email to estimatingnm@brycon.com or by fax to 505-892-3371. Subcontractor Pre-Qualification will not be processed if not completed, including Surety Letter, Insurance Certificate and Bank Letter.

Please attach any additional information about your company that you wish to be reviewed by BRYCON.