

**SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION APPLICATION**

*Please complete all requested information. Failure to provide the information may affect your ability to be considered for a project. You may write "N/A" if it is not applicable to your company.*

**Company Information**

Legal Name of Business: \_\_\_\_\_

Other and/or Former Company Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different then street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email for Invitation to Bid: \_\_\_\_\_

(ITB will be delivered via email unless otherwise specified)

Preferred Method of Contact: Fax \_\_\_\_\_ Email \_\_\_\_\_ Both \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Has your company worked with Dalke Construction in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the most recent project and project manager you worked with:

\_\_\_\_\_

Years in Business: \_\_\_\_\_ Current # of Employees: \_\_\_\_\_

**Company License Information**

*Prior to bidding any work with Dalke construction, you must hold a current license to complete commercial work.*

OR CCB License: # \_\_\_\_\_ Type of work licensed to perform: \_\_\_\_\_

Other License(s): \_\_\_\_\_

Certifications (check all that apply):

MBE \_\_\_ WBE \_\_\_ DBE \_\_\_ ESB \_\_\_ Other \_\_\_\_\_

**Bidding Interest**

List the CSI classification which identifies the primary business of your organization:

\_\_\_\_\_

List secondary CSI classification(s) of your organization:

\_\_\_\_\_

**Experience**

*Please attach a list of references who your organization has worked with in the last three years. Include at least two owners/clients and a phone number.*

**Insurance**

*Please attach a copy of your certificate of insurance which indicates that it meets our requirements. Our insurance requirements are available on our website at [www.dalkeconstruction.com](http://www.dalkeconstruction.com).*

**Safety Program**

Current Company Experience Modification Rate (EMR): \_\_\_\_\_

Do you have a written safety program? Yes \_\_\_ No \_\_\_

This pre-qualification application was completed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please send completed form to:  
Dalke Construction Co., Inc.  
2180 16<sup>th</sup> Street NE  
Salem, OR 97301  
503-585-7403 office 503-585-1978 fax  
[tracie@dalkeconstruction.com](mailto:tracie@dalkeconstruction.com)