

Subcontractor Registration Form

Company Name: _____

Number of employees: _____ Annual Sales: _____

Address: _____ City: _____

Zipcode: _____ State: _____

Phone number: _____ Fax number: _____

Website: _____

Type of Firm: Corporation _____ Partnership _____ Individual _____ Other _____

Year Established: _____

Commercial Contractors License #: _____ Classification(s) _____

Has your company been a party to any lawsuits or requested arbitration with regard to construction projects in the past five years> Yes _____ or No _____

Please list two supplier references>

Company: _____
 Contact: _____
 Phone number: _____

Are you bondable? Yes _____ No _____

Maximum bonding capacity? _____

Company: _____
 Contact: _____
 Phone number: _____

Name of Bonding Agent/Surety:
 Company: _____ Contact: _____
 Phone number: _____

If your company is a Minority or Female Business Enterprise, please fill out the information below:

Agency	Certification Number	Expiration Date	Type*

*The types are: AABE, FBE, ABE, HBE, WBE, DBE, NABE, HUB

_____ No, we are not Minority or Female Business Enterprise

Please list all satisfactory completed contracts within the last 3 years or are now in progress:

Customer Name, Address, Representative and Phone #	Work Description	Location	Value	Start/Stop*

*Work/description: Describe scope of work and then indicate if prime or subcontract.

*Start/Stop: Provide starting date and actual/forecast completion by MM/YY.

Printed name of the person completing this form:

Signature:

Title:

Date: _____

You may attach additional pages if necessary. Please submit the completed form to Ben Wall, Project Manager of Texcon General Contractors via email at benwall@texcon.net or fax to (979) 690-9797.

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