



Subcontractor Qualification Form	
Description	Contractor Information
Name of Firm:	
Company Main Phone #:	
Company Address:	
Owner Name:	
Owner E-Mail Address:	
Owner Cell Phone #:	
Estimator Name:	
Estimator E-Mail Address:	
Estimator Cell Phone #:	
Specific Type Of Work Performed:	
Years In Business:	
# of Employees:	
# of Employees Section 3 eligible	
# of Crews In The Field:	
Areas of State Where Willing To Perform Work:	
Is Contractor Fully Insured:	
Contractor's License Number	
Employer's Federal I.D Number	
If Contractor Has A Website Please List:	

Minority/Woman Owned Business Certifications	
Select all that apply and include copies of current certifications	
	Minority Owned Business
	Woman Owned Business
	Disadvantaged Business Enterprise
	Historically Underutilized Business
	Locally Based Business
	Emerging Business Enterprise
	Section 3 Business
	Youthbuild Supporter or Participant

Not certified, but company is at least 51% owned by one of the above selections?

We encourage you to visit; [NC DOA: Historically Underutilized Businesses \(HUB\)](#) and start the application process.