



**Womack, Lewis  
& Smith, Inc.  
General Contractors**

POST OFFICE BOX 1750•CARTERSVILLE, GEORGIA 30120•FAX 770-382-3334•PHONE 770-382-3497

**Subcontractor/Vendor Qualification Form**

1. BUSINESS TYPE: Contractor ( ) Vendor ( )

2. BUSINESS INFORMATION

Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

3. TYPE OF BUSINESS: Corporation ( ) Partnership ( ) Individual ( ) Joint Venture ( )

4. STATE AND DATE ORGANIZED: \_\_\_\_\_

5. FIRM'S PRIMARY TYPE OF WORK: \_\_\_\_\_

6. NAME & TITLE OF OFFICERS, OWNERS, AND/OR PARTNERS:

<u>NAME:</u>	<u>TITLE</u>
_____	_____
_____	_____
_____	_____
_____	_____

PRIMARY EMAIL ADDRESS: \_\_\_\_\_

SECONDARY EMAIL ADDRESS: \_\_\_\_\_

7. IF A SUBSIDIARY OF ANOTHER COMPANY, LIST PARENT COMPANY NAME & ADDRESS.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. LENGTH OF TIME IN BUSINESS:

A. Under Current Name: \_\_\_\_\_ B. Under Other Name: \_\_\_\_\_

9. CURRENT NUMBER OF FULL TIME EMPLOYEES:

A. Office: \_\_\_\_\_ B. Field Supervisory: \_\_\_\_\_ C. Tradespeople: \_\_\_\_\_

10. IS THIS BUSINESS OR ANY OFFICER, STOCKHOLDERS, KEY MEMBERS, OR ANY RELATED COMPANIES INVOLVED IN ANY LITIGATION OR DISPUTES, OR ANY JUDGMENTS PENDING OR RENDERED? No ( ) Yes ( ) If yes, please explain on separate page.

11. HAVE YOU FAILED TO COMPLETE ANY WORK AWARDED TO YOU? No ( ) Yes ( ) If yes, please explain on separate page.



**Womack, Lewis  
& Smith, Inc.  
General Contractors**

---

---

POST OFFICE BOX 1750•CARTERSVILLE, GEORGIA 30120•FAX 770-382-3334•PHONE 770-382-3497

12. LIST YOUR MAJOR CURRENT CONSTRUCTION PROJECTS:

Project Name: \_\_\_\_\_

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

Owner: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Information:

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Owner: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Information:

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_



**Womack, Lewis  
& Smith, Inc.  
General Contractors**

---

---

POST OFFICE BOX 1750•CARTERSVILLE, GEORGIA 30120•FAX 770-382-3334•PHONE 770-382-3497

Project Name: \_\_\_\_\_

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

Owner: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Information:

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Owner: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Information:

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_



**Womack, Lewis  
& Smith, Inc.  
General Contractors**

---

---

POST OFFICE BOX 1750•CARTERSVILLE, GEORGIA 30120•FAX 770-382-3334•PHONE 770-382-3497

Project Name: \_\_\_\_\_

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

Owner: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Information:

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Owner: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Architect: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Information:

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_



**Womack, Lewis  
& Smith, Inc.  
General Contractors**

---

---

POST OFFICE BOX 1750•CARTERSVILLE, GEORGIA 30120•FAX 770-382-3334•PHONE 770-382-3497

13. LIST FIVE (5) GENERAL CONTRACTOR REFERENCES FOR WHICH YOU HAVE WORKED:

Company Name	Contact	Telephone Number	Email Address

14. LIST FIVE (5) TRADE (CREDIT) REFERENCES:

Company Name	Contact	Telephone Number	Fax Number

15. SUBMIT A COPY OF YOUR STANDARD INSURANCE CERTIFICATE SHOWING COVERAGE & LIMITS

16. INSURANCE AGENCY INFORMATION:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone No. & Fax No.: \_\_\_\_\_



**Womack, Lewis  
& Smith, Inc.  
General Contractors**

POST OFFICE BOX 1750 • CARTERSVILLE, GEORGIA 30120 • FAX 770-382-3334 • PHONE 770-382-3497

17. BOND AGENCY INFORMATION:

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone No. & Fax No.: \_\_\_\_\_  
 Dollar Amount of Bonded Work on Hand: \_\_\_\_\_  
 Bonding Capacity: A. Total: \_\_\_\_\_ B. Per Job: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Surety Company: \_\_\_\_\_

18. BUSINESS BANK INFORMATION

Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone No. & Fax No.: \_\_\_\_\_  
 Account Executive: \_\_\_\_\_

19. SUBMIT FINANCIAL STATEMENT, AUDITED IF AVAILABLE, TO INCLUDE:

Current Assets: \_\_\_\_\_ Current Liabilities: \_\_\_\_\_  
 Total Assets: \_\_\_\_\_ Net Worth: \_\_\_\_\_

\*Your financial statement is strictly for Womack, Lewis & Smith's Accounting Department and will be treated confidentially.

20. FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

21. WOMACK, LEWIS & SMITH, INC. IS A DRUG-FREE WORK PLACE:

DOES YOUR FIRM HAVE A DRUG TESTING PROGRAM? YES or NO

22. HOW MANY OSHA VIOLATIONS HAS YOUR COMPANY HAD WITHIN THE LAST 3 YEARS?

(Year = # Violations)

\_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_ = \_\_\_\_\_

Please give a brief description of the violations below (attach additional sheet if needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Womack, Lewis  
& Smith, Inc.  
General Contractors**

---

---

POST OFFICE BOX 1750•CARTERSVILLE, GEORGIA 30120•FAX 770-382-3334•PHONE 770-382-3497

23. DOES YOUR COMPANY PARTICIPATE IN THE EMPLOYMENT ELIGIBILITY VERIFICATION PROGRAM? Yes ( ) No ( )

If yes please provide EEV # \_\_\_\_\_

24. NOTE – WOMACK, LEWIS & SMITH, INC. WILL REQUIRE A SUPERVISOR WHO IS FLUENT IN ENGLISH TO BE ON SITE AT ALL TIMES THAT WORK IS TAKING PLACE.

THE INFORMATION PROVIDED IN THIS QUALIFICATION FORM WAS FURNISHED BY:

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

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

Company: \_\_\_\_\_

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