



## TALLAHASSEE HOUSING AUTHORITY

### Contractor / Sub-Contractor Pre-Qualification Form

**Introduction:** This form is utilized to pre-qualify contractors and trades to do business with the Tallahassee Housing Authority (THA). This form should be updated annually and/or upon any significant change by the Contractor / Sub-Contractor and submitted to the THA Project Manager.

New Contractors: Complete ALL Sections

Re-Qualifying Contractors: Complete Section B

### Section A

#### Contractor Information

Company Registered Name	Date
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Address

Phone	Fax	Email Address and Name for Main Contact
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Years in operation under this name (and DBAs within last 5 years, give details)

Affiliates or Subsidiaries

#### Personnel (Attach resumes of listed personnel)

Corporate Officers

President / Owner	Vice-President
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Secretary	Treasurer
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Superintendents

Office Personnel: (list all office personnel that may be involved in THA business or related projects and attach resumes if applicable)

#### Licenses (attach all applicable license information pertaining to all trades requesting pre-qualification for)

Jurisdiction	Name of Licensee	License Number	Type of License

#### Project / Work History (list projects or work that is comparable to work for which you are requesting pre-qualification for - attach other examples as needed)

Name of project or client	Contact Name and number	Services provided	Dates



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**References (business and/or client)**

Name	Phone Number	Type of Services Provided	Date

**Litigation**

Has your firm or company been engaged in any Lawsuit, Litigation, Arbitration or Bankruptcy in the past 5 years? If so, please explain.

**Conflict of Interest**

Do any of your Principals, Officers or employees have any personal, business or other relationships with any THA employee or Board member? If yes, please provide explanation.

**Section B - Changes to previous pre-qualification**

Identify any changes, from previous pre-qualification, below and make identified changes to applicable areas of Section A above.

**Section C - Attachments**

Required Attachments:	Optional Attachments:
<input type="radio"/> Proof of General Liability Insurance	<input type="radio"/> MBE/WBE certification
<input type="radio"/> Proof of Workmen's Comp Insurance or Exemption	<input type="radio"/> Direct Deposit Form
<input type="radio"/> Completed and signed W-9 form	<input type="radio"/> Section 3 Certification