



VENDOR/SUBCONTRACTOR

PREQUALIFICATION

Prequalification Instructions

1. Please read these instructions carefully and respond to all questions.
2. The items you will need to attach are based on your responses:
 - a. Current and Past Project Experience
 - b. Minority, Woman, or Small/Emerging Business Certification Letter
 - c. Applicable Licenses.
 - d. Insurance certificates outlining company, policy number, effective and expiration dates, and limits of coverage for workers compensation, \$2M general liability (including products and completed operations), \$1M automobile liability, and/or umbrella or excess liability. Certificate of Insurance. LMC, Inc must be listed as additionally insured WITH the endorsement attached & a 30 day notice of cancellation.
 - e. Worker's Compensation limits will be as required by law, with the minimum on general and automobile liability being \$1,000,000 each occurrence.
 - f. IRS W-9 Form, Request for Taxpayer Identification and Certification (Revised September 2007).
3. **DO NOT FAX THIS FORM.** Return the Vendor Prequalification Form via U. S. Postal Service, hand deliver or e-mail (jessicae@lmcincorporated.com)



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Thank you for your interest in LMC Construction. In order to develop a more complete knowledge of your Company and better match future Company opportunities to your Company's capabilities please complete this form and return to:

Submitted to: **LMC Construction** Phone: **503-646-0521**
8324 SW Nimbus Ave
Beaverton, OR 97008

Section 1 – Company Information

Company Name: _____ Corporation

Mailing Address: _____ Partnership

City, State, Zip: _____ Individual

Street Address: _____ Joint Venture

City, State, Zip: _____ Other

Principal Office: _____ Dun & Bradstreet No.: _____

City, State, Zip: _____ Federal ID or SS #: _____

Phone: _____ E-mail: _____

Fax: _____ Website: _____

Contact Name: _____

Project Name (if applicable): _____

Scope(s) of work
for which you are
prequalifying : _____



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Section 2 - Organization

1. In what year was your firm established? _____
2. How many years has your organization been in business under its present business name? _____
3. List any former names your organization has operated under: _____

4. Is your company a subsidiary or affiliate of another firm? Yes No
If yes, what is the parent company's name?

5. If your organization is a corporation, to include limited liability corporation, answer the following:
Date of incorporation: _____
State of incorporation: _____
Name of CEO: _____
Name of President: _____
Name of Vice President(s): _____

Name of Secretary: _____
Name of Treasurer: _____
6. If your organization is a partnership, to include limited liability partnership, answer the following:
Date of partnership: _____
Type of partnership
(if applicable): _____
Names of General Partners: _____



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7. If your organization is individually owned, answer the following:

Date of organization: _____

Name of owner: _____

8. If the form of your organization is other than those listed above, describe it and name the principals:

9. Is your firm currently certified as:

- Minority Owned Woman Owned Emerging Small Business
 Disadvantaged Business

10. Please Provide MBE/WBE/DBE or ESB Certification No. _____

Section 3 -Licensing

1. Has a complaint ever been filed with a State Licensing Board against your firm?
If yes, please describe:

2. Indicate licenses, with license numbers, for which you are qualified to do business, (i.e. electrical, fire protection, state or county business licenses, etc.).

License type _____	License number _____
License type _____	License number _____

Section 4 - Experience

1. Provide the specific categories of work that your organization normally performs

2. Has your organization within the last five years ever failed to complete any work awarded?

If yes, please describe:

Yes No

3. Are there any judgments, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers within the last five years?

If yes, please describe:

Yes No

4. Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years?

Yes No



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If yes, please describe:

5. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a contract? Yes No
If yes, please describe:
6. **On a separate sheet**, list 3 major projects your organization has ***in progress*** for the scope of work that you are prequalifying for. Provide the following information for **each** project:
- Project Name
 - Owner
 - Architect
 - General Contractor
 - GC contact name & phone number
 - Contract amount
 - Percentage complete (your scope)
 - Percentage of subcontracted work
 - Scheduled completion date
7. **On a separate sheet**, list 3 major projects your organization ***has completed*** for the scope of work that you are prequalifying for in the last five years. Provide the following information for **each** project:
- Project Name
 - Owner
 - Architect
 - General Contractor
 - GC contact name & phone number
 - Contract amount
 - Date of completion
 - Percentage of work performed with your own forces
8. Indicate the type of projects in which your company has experience: (*check all that apply*)
- Commercial/Mixed
 Use Cultural/Community Health Care Industrial
- Single Family
 Residence Multi-Family Residential Institutional/Educational
9. In what geographic range from your principle office are you are willing to travel:
 +/- 100 Miles +/- 200 Miles +/- 400 Miles Any Areas _____
10. Indicate the size projects your company can perform: (*check only one*):



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- < \$50K
 < \$100K
 \$100 - \$500K
 \$500K - \$1M
 \$1M - \$2M
 \$2M - \$5M
 \$5M - \$10M
 >\$10M

11. What scope(s) of work do you typically subcontract to other companies? _____

Section 5 - References

1. On a separate sheet, list 4 trade/credit references. Provide the following information for each reference:
- Company Name
 - Address
 - Telephone Number
 - Contact Name

Section 8 – Signature

_____ being duly sworn, deposes and says that the information provided on the prequalification application herein is true and sufficiently complete so as not to be misleading.

Firm Name: _____

By: _____

Title:

Dated this ____ day of _____, 20____

Subscribed and sworn before me this ____ day of _____, 20____

Notary Public: _____

My commission expires: _____



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Division	Codes	Description
General Requirements	1100	Summary(General Contractors)
	1110	Summary of Work (Architects)
	1520	Construction Facilities
	1530	Temporary Construction
	1740	Cleaning
	1999	Misc. General Requirements
Site Construction	2050	Demolition Contractors
	2110	Excavation, Removal, Handling of Hazardous Material
	2200	Site Preparation
	2230	Site Clearing
	2250	Shoring and Underpinning
	2300	Earthwork
	2360	Soil Treatment
	2370	Erosion and Sedimentation Control
	2455	Driven Piles
	2465	Bored Piles
	2475	Caissons
	2490	Anchors
	2510	Water Distribution
	2630	Storm Drainage
	2750	Asphalt Pavement
	2770	Curbs and Gutters
	2775	Sidewalks
	2780	Unit Pavers
	2790	Athletic & Recreational Surfaces
	2810	Irrigation System
	2815	Fountains
	2820	Fences and Gates
	2830	Retaining Walls
Division	Codes	Description
Wood & Plastics	6100	Rough Carpentry
	6110	Wood Framing

Division	Codes	Description
Concrete	3000	Concrete Subcontractors
	3050	Concrete Ready-Mix
	3100	Concrete Forms & Accessories
	3150	Concrete Accessories
	3200	Concrete Reinforcement
	3230	Stressing Tendons
	3350	Concrete Finishing
	3410	Plant-Precast Structural Concrete
	3450	Plant-Precast Architectural Concrete
	3470	Tilt-Up Precast Concrete
	3490	Glass-Fiber-Reinforced Precast Concrete
	3520	Lightweight Concrete Roof Insulation
	3540	Cementitious Underlayment
	3999	Misc. Concrete
Masonry	4060	Masonry Contractor
	4070	Masonry Subcontractors (Unit Price)
	4090	Masonry Accessories
	4100	Masonry Units (Brick Material)
	4230	Calcium Silicate Masonry Units
	4720	Cast Stone
	4940	Stone Cleaning
Metals	5100	Structural Metal Framing
	5150	Steel Erection
	5200	Metal Joists
	5300	Metal Deck
	5400	Cold-Formed Metal Framing
	5500	Metal Support
	5700	Ornamental Metal
	5715	Fabricated Spiral Stairs
	5800	Expansion Control
Division	Codes	Description
Doors & Windows Cont.	8400	Entrances & Storefronts
	8460	Automatic Entrance Doors



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	6130	Heavy Timber Construction		8550	Wood Windows
	6170	Prefabricated Structural Wood (Wood Roof Trusses)		8600	Skylights
	6175	Erect Prefabricated Structural Wood (Wood Roof Trusses)	Finishes		
	6200	Finish Carpentry		9260	Gypsum Board Assemblies
	6400	Architectural Woodwork		9300	Tile
	6500	Structural Plastics		9510	Acoustical Ceilings
	6600	Plastic Fabrications		9600	Flooring Resilient & Carpet
				9620	Specialty Flooring
				9900	Paints & Coatings
Thermal & Moisture Protection	7100	Dampproofing, Waterproofing & Sealants	Specialties		
	7210	Building Insulation		10100	Visual Display Boards
	7240	Exterior Insulation & Finish Systems (EIFS)		10110	Chalkboards
	7300	Shingles, Roof Tiles & Roof Coverings		10115	Markerboards
	7400	Roofing & Siding Panels		10150	Compartments & Cubicles
	7430	Composite Panels		10190	Cubicles
	7450	Fiber-Reinforced Cementitious Panels		10200	Louvers & Vents
	7500	Membrane Roofing		10260	Wall & Corner Guards
	7700	Roof Specialties & Accessories		10270	Access Flooring
	7710	Manufactured Roof Specialties		10300	Fireplaces & Stoves
	7720	Roof Accessories		10350	Flagpoles
	7810	Applied Fireproofing		10400	Identification Devices
	7840	Firestopping		10500	Lockers
				10520	Fire Protection Specialties
Doors & Windows	8100	Metal Doors, Frames, Hardware		10530	Protective Covers
	8150	Door & Hardware Installation	10550	Postal Specialties	
	8310	Access Doors & Panels	10605	Wire Mesh Partitions	
	8320	Detention Doors & Frames	10650	Operable Partitions	
	8330	Coiling Doors & Grilles	10670	Storage Shelving	
	8380	Traffic Doors	10700	Exterior Protection	
			10800	Toilet, Bath, Ldry. Access.	
Division	Codes	Description	Division	Codes	Description
Equipment	11040	Ecclesiastical Equipment	Conveying Systems	14200	Elevators
	11050	Library Equipment		14580	Pneumatic Tube Systems
	11060	Theatre & Stage Equipment			
	11070	Instrumental Equipment	Mechanical	15300	Fire Protection Piping



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	11110	Commercial Laundry & Dry-Cleaning Equipment		15400	Plumbing Fixtures, Equipment
	11130	Audio-Visual Equipment		15800	Air Distribution
	11150	Parking Control Equipment		15935	Building Systems Controls
	11160	Loading Dock Equipment		15999	Misc. Mechanical Items
	11170	Solid Waste Handling Equipment			
	11400	Food Service Equipment	Electrical	16000	Electrical General
	11450	Residential Equipment		16400	Low Voltage Distribution
	11470	Darkroom Equipment		16999	Misc. Electrical Items
	11480	Athletic, Recreational & Therapeutic Equipment	OTHER		
	11600	Laboratory Equipment			
	11700	Medical Equipment			
Furnishings	12300	Manufactured Casework			
	12350	Residential Casework			
	12480	Rugs & Mats			
	12490	Window Treatments			
	12600	Multiple Seating			
	12610	Fixed Audience Seating			
	12660	Telescoping Stands			
	12670	Pews & Benches			
Special Construction	13030	Special Purpose Rooms			
	13090	Radiation Protection			
	13100	Lighting Protection			
	13120	Pre-Engineered Structures			
	13150	Swimming Pools			
	13170	Tubs & Pools			
	13200	Storage Tanks			



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Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ----- <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see Instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,