

Rycon Prequalification Form

Please complete the prequalification form in detail. The acceptance of a prequalification form is not a guarantee of work.

Name of Company: _____

Mailing Address: _____

City _____ State _____ Zip _____ +4 _____

Phone _____ Fax _____

Contact Name _____ Title _____

Email _____ Phone _____

1. Contractor or Professional License #: _____ State(s): _____

2. DUNS #: _____ Union Non-Union

3. Safety:

List your Company's # of Injuries/Illnesses from your OSHA 300 Logs as follows:	Last Year	1st Prior Year	2 nd Prior Year
Experience Modification Rate (EMR).			
Total # of Fatalities. (From Column G on the OSHA 300 Log)			
Total # of OSHA Recordable Incidents. (Total of Columns H, I, and J on the OSHA 300 Log)			
Total # of Lost Workday Incidents. (Column H on the OSHA 300 Log)			
Total # of other recordable cases. (Column J on the OSHA 300 Log)			
Total # of Annual Man-Hours Worked.			

4. Trade/Type of Work/Services/Product/: _____

5. Service Area(s) (please check):

- | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Colorado | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Other States/Areas: _____ |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Idaho | <input type="checkbox"/> Utah | _____ |
| <input type="checkbox"/> California | <input type="checkbox"/> North Dakota | | _____ |

6. Years in business under present business name: _____

7. Annual revenue in the last (3) three years: 20__ \$ _____ 20__ \$ _____ 20__ \$ _____

8. Typical project/contract range: \$ _____ to \$ _____

9. Does your business qualify for any of the following (Complete all that apply)

Program	Certified By	Certification #
Small Business		
Disadvantaged Business Enterprise (DBE)		Firm ID #: _____
Historically Underutilized Business Zone (HUBZone)		CAGE Code: _____
Minority Business Enterprise		
LGBT Enterprise (CPUC)		
Vet Businesses: Disabled Veteran (DVBE) and/or Service (SDVOSB)		
SBA 8(a) Business Development Program Certified Firm		CAGE Code: _____
Women Owned Business Enterprise (WBE) or WOSB-ED		

****Please provide a copy of your certification(s) with form.**

I guarantee that the above information is a true and accurate.

Signature: _____ Date: _____

Name & Title: _____ **(Must be signed by Owner/Officer)**

Please submit the completed form to: estimating@rycon.co.

NOTE: If information submitted is incomplete, Rycon may not be able to process your form.