

Rycon Prequalification Form

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

Mailing Address: City	Name of Company:					
City						
Phone	· ·				+4	
Contact Name	•					
### Phone						
1. Contractor or Professional License #:	Contact Name		Title			
3. Safety: List your Company's # of Injuries/Illnesses from your OSHA 300 Logs as follows: Last Year 1st Prior Year 2nd Prior Year Experience Modification Rate (EMR).	Email	Phone				
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Experience Modification Rate (EMR). Total # of Fatalities, (From Column & on the OSHA 300 Log) Total # of OSHA Recordable Incidents, (Total of Columns H, I, and J on the OSHA 300 Log) Total # of DSHA Recordable Incidents, (Total of Columns H, I, and J on the OSHA 300 Log) Total # of OSHA Recordable Incidents, (Column J 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): Alaska						
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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 Lost Workday Incidents. (Column J on the OSHA 300 Log) Total # of Annual Man-Hours Worked.						
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5. Service Area(s) (please check): Alaska Colorado New Mexico Other States/Areas: Arizona Idaho Utah California 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) Historically Underutilized Business Zone (HUBZone) 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:	Total # of Annual Man-Hours Worked.					
Alaska	4. Trade/Type of	Work/Services/Product/:				
Arizona Idaho Utah	5. Service Area(s)	(please check):				
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Signature: Date:	**Please prov	ide a copy of your certification(s) with form.				
	I guarantee that the	above information is a true and accurate.				
Name & Title: (Must be signed by Owner/Officer)	Signature:		_Date:			
	Name & Title:		(Must be sig	ned by Owr	er/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.