



# Pre-Qualified Contractor Decision Criteria

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

Company Name	
Applicant Name	
Applicant Email	

Company Type:      Excavation      Landscaping      General Contractor      Construction      Other

	Have	Do Not Have	Not Applicable	Comments
County Vendor				
Proof of Workers' Comp Coverage				
List of Available Equipment				
Reference List				
Bonding Capabilities				
Proof of Additional Insured				
Understanding of County's APA procedures				
Equipment/Labor Fee Schedule				

Pre-qualification with other agencies:    Yes                      No      Agency Name: \_\_\_\_\_

Company failed to complete work:                      Yes                      No

Comments: \_\_\_\_\_

\_\_\_\_\_

Construction Abilities:                      Open Drain      Closed Drain      Project Bonding Limit: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Approved

Denied

Signature: \_\_\_\_\_

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