SUBCONTRACTOR/VENDOR QUALIFICATIONS						
Date Completed:						
Please check all that apply to you.	Labor Su	b.	Material Vendo	or Turnkey Sub		
Primary trade (i.e. masonry, plumbing,	etc):					
Legal Organization name:						
Mailing Address:						
City:Sta	te	_ Zip				
Phone Number						
Georgia Contractor License Number:						
Contact Name:						
Scope of Work:						
Please check the following type of con	struction that a	applies to	your company.			
• 🔲 Industrial						
Commercial / Institutional	☐ High-rise	:				
• Education○ ☐ College/University	☐ Elementa	ry, Midd	lle, & High School			
 Multi-family Condominiums Low-rise Mid-rise Multi-family Rental 	High-rise	:				
 Low-rise Mid-rise Multi-Family Town Homes Healthcare 	High-rise	;				

Region	of Operations:
Insura	nce:
 1. 2. 3. 	cates must include the following: RH Tyson Construction needs to be named as "Additionally Insured" and the endorsement must be included. The certificate must have the wording "This policy does not contain any residential or habitational exclusions". \$1,000,000 minimum coverage is required for General Liability. Worker's Compensation coverage must be in your company's name. Please forward a copy of your current worker's compensation insurance certificate.
	riease forward a copy of your current worker's compensation insurance certificate.
Please l	ist any trade association memberships your company is currently a member of: ist three projects that you are currently working on. Projects should be similar in size to that which interested in bidding.
Project	1
Pr	oject Name:
Lo	ocation:
Va	alue of your contract:
Ge	eneral Contractor:
G	C contact Name:
Ph	one #:E-Mail:
Ту	pe of Construction:

Anticipated completion date:

Project 2
Project Name:
Location:
Value of your contract:
General Contractor:
GC contact Name:
Phone #:E-Mail:
Type of Construction:
Anticipated completion date:
Project 3
Project Name:
Location:
Value of your contract:
General Contractor:
GC contact Name:
Phone #:E-Mail:
Type of Construction:
Anticipated completion date:

Please describe the following type of work that your company performs on the attached sheets. **DIVISION 1 – GENERAL CONDITIONS DIVISION 2 – SITEWORK DIVISION 3 – CONCRETE DIVISION 4 – MASONRY DIVISION 5 – METALS DIVISION 6 - WOOD & PLASTICS DIVISION 7 – THERMAL/MOISTURE DIVISION 8 – DOORS & WINDOWS DIVISION 9 – FINISHES DIVISION 10 – SPECIALTIES**

DIVISION 11 – EQUIPMENT
DIVISION 12 – FURNISHINGS
DIVISION 13 – SPECIAL CONSTRUCTION
DIVISION 14 – CONVEYING SYSTEMS
DIVISION 15 – MECHANICAL
DIVISION 16 – ELECTRICAL

Please list any other type of work your company performs that is not listed above						

Please submit/return all Seven (7) pages