

VENDOR QUALIFICATION FORM

** = Required Field*

*Company Name:

*Company Address Line 1:

*Company Address Line 2:

*Office Phone Number / Fax:

*FEIN (Federal Employment Identification Number):

DUNS (Dun & Bradstreet Identification Number):

Please provide one or more ownership/management contacts that are authorized to contractually bind your company.

**A minimum of one contact is required.*

*1.				
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Mobile #</i>
				<i>Email Address</i>
2.				
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Mobile #</i>
				<i>Email Address</i>
3.				
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Mobile #</i>
				<i>Email Address</i>

Please provide one or more estimating contacts that should receive project invitations to bid and correspondences.

**A minimum of one contact is required.*

*1.				
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Mobile #</i>
				<i>Email Address</i>
2.				
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Mobile #</i>
				<i>Email Address</i>
3.				
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Mobile #</i>
				<i>Email Address</i>

*** Please select all applicable trades that your company performs**

- | | |
|---|--|
| 02.150 - Scaffolding | 10.140 - Signage |
| 02.200 - Rigging | 10.280 - Toilet Partitions & Restroom Accessories |
| 02.350 - Excavation | 10.731 - Awnings |
| 02.400 - Demolition | 11.300 - Appliances |
| 02.810 - Hazardous Materials | 12.200 - Window Treatments |
| 03.000 - Concrete | 14.100 - Elevators |
| 04.000 - Masonry | 21.100 - Sprinkler |
| 05.100 - Structural Steel | 22.000 - Plumbing |
| 06.400 - Architectural Woodwork | 23.000 - HVAC |
| 07.300 - Roofing | 26.000 - Electrical |
| 07.800 - Fireproofing | 26.500 - Lighting |
| 08.100 - Doors/Frames/Hardware | 27.200 - Telecomm. / Data / A.V. / Security |
| 08.500 - Windows | 27.950 - Distributed Antenna Systems (DAS) |
| 08.899 - Architectural Metal & Glass | 31.000 - Site Work / Earth Work |
| 09.290 - Drywall & Ceilings | 32.000 - Exterior Improvements |
| 09.300 - Ceramic Tile & Stone | 32.900 - Landscaping |
| 09.680 - Carpet, VCT, & Vinyl Base | 32.950 - Asphalt / Paving |
| 09.950 - Other Flooring <i>(Describe Below)</i> | Other / Specialty Services <i>(Describe Below)</i> |

Other Flooring Description

Other / Specialty Services Description

*** Please select the type(s) of labor that your company perform**

- | | |
|---------------------|--|
| Union | If your company performs union labor: *Please identify all union affiliations below: |
| Non - Union | |
| Union & Non - Union | If your company holds any certifications (e.g. MBE, WBE, and etc.) please list them below: |
| Prevailing Wage | |

***Please designate your company's geographical service area(s) :**

International	Queens	Other (Please Describe Below)
Nationwide	Brooklyn	
Northeast	Manhattan	
Tri - State (NY, NJ, CT.)	Bronx	
Tri - State Metro Areas	Staten Island	
New York	Eastern Long Island	
New Jersey	Central Long Island	
Connecticut	Nassau County	
NYC (Five Boroughs)	Suffolk County	

Attachments & Supplemental Information

- *1. In addition to this completed form, please attach a scanned copy or picture of all applicable licenses.
At minimum one license is required and must legibly show license number, type, and the license holder's name.
- *2. Please attach an evidence of insurance certificate.
- *5. Please attach a "signed by your company's insurance broker."*****
- *6. Please attach a "Y -9 Form."
- *5. Please attach a letter of good standing supplied by your financial institution including a statement that your company has access to a line of credit and the amount.
- *6. Is your company bond-able? If so, please attach a letter from your surety stating the bonding capacity.
If no surety letter is attached when this form is submitted, Talisen Construction Corp. will assume your company is not bond-able.
- *7. Please select the appropriate option below in regards to your company's capabilities.

Furnish Only

Install Only

Furnish And Install

- *8. If applicable and if either "Furnish" or "Furnish And Install" are selected above: Does your company self-fabricate materials?

Yes (*If Selected please indicate shop size below)

No

ft.²

*9. How many individuals does your company employ?

In Office

In Field

In Shop (**If Applicable*)

*10. Has your company been convicted of any crime or undergone and lien or litigation in the past?

Yes - *If "Yes", please attach a letter describing the incident.*

No

11. If available, please attach your company's OSHA 300 Logs for the past 3 years.

*12. Please provide two (2) contractor references.

1.

2.

*13. Please provide two (2) supplier references.

1.

2.

14. Please provide any additional references including, but not limited to, clients and/or architects.

1.

2.

3.

4.

*15. Please specify your company's preferred minimum and maximum contract values.

Minimum: \$

Maximum: \$

*16. Please indicate which sector(s) of construction your company is suited and/or willing to work in.

Commercial

Residential

Education

Healthcare

Other:

**Please describe*



213 West 35th Street | New York, NY 10001

P: 212-244-4581 | F: 212-244-4145

W: www.talisenconstructioncorp.com | E: info@talisencorp.com

I certify that the information I have provided on this Vendor Qualification form is complete and correct. I understand my failure to provide complete and accurate information will be grounds for Talisen Construction Corporation. to deny or withdraw this application to Talisen Construction Corporation's Vendor Network.

Print Name

Title

X

Signature

Date