

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 hold 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 & Acknowledgements

- *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 "Certificate of Insurance" signed by your company's insurance broker.
- *6. Please attach a "NY -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 state the number of individuals that your company employs. Office Side: Field Side:
- *8. 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
- 9. If available, please attach your company's OSHA 300 Logs for the past 3 years.



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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 to deny or withdraw this application to Talisen Construction Corporation's Vendor Network.

Print Name

Title

X _____
Signature

Date