



SUB-CONTRACTOR & SUPPLIER APPLICATION FORM

1. Administrative Information

Company Name (as listed on Sunbiz.org): _____

Years in business: _____

Primary Contact: _____ Title: _____

Contact Number: _____ E-mail: _____

Company Qualifier: _____

2. Licensing

State Certified General Contractor No.: _____

State Certified Underground Utility & Excavation Contractor No.: _____

State Certified Electrical Contractor No.: _____

State Certified Plumbing Contractor No.: _____

State Certified Mechanical Contractor No.: _____

Other License or Certification (describe):

3. Performance Information:

Annual Sales 2021: \$ _____

2020: \$ _____

2019: \$ _____

2018: \$ _____

2017: \$ _____

Do you have Bonding: Y N

Bonding Capacity (per job): \$ _____ Aggregate Capacity: \$ _____

4. Insurance Information

General Liability Limit: \$ _____

Auto Limit: \$ _____

Umbrella Liability Limit: \$ _____

Workers Comp: \$ _____

Other (describe):

5. Business Activities / Capabilities

- | | |
|---|---|
| <input type="checkbox"/> Pipeline | <input type="checkbox"/> Curb |
| <input type="checkbox"/> Pipe Supply | <input type="checkbox"/> Brick Pavers |
| <input type="checkbox"/> Grouting | <input type="checkbox"/> Concrete Barrier |
| <input type="checkbox"/> Sliplining | <input type="checkbox"/> Sod |
| <input type="checkbox"/> Aggregate Supply | <input type="checkbox"/> Roadway |
| <input type="checkbox"/> Directional Drilling | <input type="checkbox"/> Sewer Manhole Rehab |
| <input type="checkbox"/> Pipe Bursting | <input type="checkbox"/> Seawall |
| <input type="checkbox"/> Pump Stations | <input type="checkbox"/> Dikes |
| <input type="checkbox"/> Pumps | <input type="checkbox"/> Culverts |
| <input type="checkbox"/> Pre-Cast Concrete | <input type="checkbox"/> Levees |
| <input type="checkbox"/> By-pass Pumping | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Pump Station Control | <input type="checkbox"/> Hauling |
| <input type="checkbox"/> SCADA | <input type="checkbox"/> Trucking |
| <input type="checkbox"/> Lightning Protection | <input type="checkbox"/> Debris Removal |
| <input type="checkbox"/> Asphalt Paving | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Temp. Facilities (Toilets, Office, Storage,
etc.) |
| <input type="checkbox"/> Striping | <input type="checkbox"/> Survey |
| <input type="checkbox"/> Maintenance of Traffic (MOT) | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Drainage | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Photography and Video |
| <input type="checkbox"/> Sidewalk | |

Other (describe):

6. Is your company a Small/Minority/Disadvantaged Business? Please list all certifications and *attach copies*.

___ FDOT/Florida UCP DBE

___ Florida MBE/WBE/VBE

___ Broward County SBE/CBE

___ Miami Dade County DBE/SBE/LDB

___ Palm Beach County S/M/WBE

Other (describe):

7. Anything additional you would like to tell us:

OPTIONAL/RECOMMENDED:

Please attach 2-3 project descriptions with verifiable references. References will be contacted.

Send completed form, along with projects and references, to cesinfo@cesconsult.com.