MBARC CONSTRUCTION
THE STRENGTH BETWEEN SUN AND SHADE™

1770 La Costa Meadows Drive
San Marcos, CA 92078
PH: 760.744.4131
FAX: 760.744.4449

SUBCONTRACTOR QUALIFICATION

Please complete the Qualification form, LCPTracker Set Up Form and provide evidence of Insurance (COI) + W-9.Please submit the required documents to subcontractors@mbarconline.com

Bussines Name & DBA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Fax # _____

Standard Scope of Work: _____

Trade Classification (Davis Bacon Classification)_____

CPR Contact Name & Email Address _____ / _____

Operations Contact Name & Email Address _____ / _____

CA State Contractor's License # _____ Exp Date _____

If Not Applicable, state why: _____

Company Status: Corporation _____ Partnership _____ LLC _____ Sole Proprietor _____

Union Status: Union: _____ Non-Union: _____

Is your company able to Bid/Engage/Work on Public Works/Prevailing Wage work in CA?

Yes: _____ No: _____

Location & where you are willing to work: _____ / _____

Does your company have pending judgements, claims, arbitrations, or lawsuits?: Yes: _____ No: _____

Explain: _____

Workers Compensation Experience Modification Rate (**Please provide EMR Report**):_____

PLEASE ATTACH A VOIDED CHECK

BANK NAME: _____

NAME ON ACCOUNT: _____

TYPE OF ACCOUNT: CHECKING: _____ SAVINGS: _____

ACCOUNT# _____ ROUTING# _____

I/WE HEREBY AUTHORIZE M BAR C CONSTRUCTION, INC. TO INITIATE ELECTRONIC FUNDS TRANSFER (EFT) INTO THE ACCOUNT LISTED ABOVE. I/WE CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT, AND IF THERE ARE ANY CHANGES IN THE INFORMATION PROVIDED, I/WE ARE RESPONSIBLE FOR NOTIFYING M BAR C CONSTRUCTION, INC. OF THE CHANGES.

SIGNATURE	PRINTED NAME	DATE