



GENERAL CONTRACTOR PRE-QUALIFICATION

THANK YOU FOR YOUR INTEREST IN BECOMING A PRE-QUALIFIED GENERAL CONTRACTOR AND PARTICIPATE IN FUTURE CONSTRUCTION PROJECTS WITH WMG DEVELOPMENT. TO INITIATE YOUR PRE-QUALIFICATION PLEASE RETURN THIS FORM WITH THE REQUESTED INFORMATION TO INFO@WMGDEVELOPMENT.COM . ALL INFORMATION MUST BE COMPLETED FOR YOUR COMPANY TO BE CONSIDERED.

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND SUFFICIENTLY COMPLETE SO AS NOT BE MISLEADING.

COMPANY: _____
 FEDERAL TAX ID #: _____
 YEARS IN BUSINESS: _____
 MAIN CONTACT: _____
 MAIN CONTACT E-MAIL: _____
 ADDRESS: _____
 PHONE: _____
 SELF PERFORMED SCOPES OF WORK: _____

IS YOUR COMPANY ABLE TO PROVIDE A PAYMENT AND PERFORMANCE BOND: YES NO
 BONDING CAPACITY: AGGREGATE \$ _____
 PROJECT \$ _____

*PLEASE ATTACH A LETTER FROM THE BONDING COMPANY
 *PLEASE ATTACH A LETTER FROM THE ACCOUNTING FIRM VERIFYING FINANCIALS

MWBE QUALIFIED: YES NO

LIST ALL RETAILERS PRE-QUALIFIED TO BUILD:

STATES LICENSED AND LICENSE NUMBERS TO PERFORM WORK:

NUMBER OF RETAIL PROJECTS COMPLETED OVER THE LAST YEAR: _____
 NUMBER OF RETAIL PROJECTS CURRENTLY UNDER CONSTRUCTION: _____

NUMBER OF DENTAL AND/OR MEDICAL OFFICES COMPLETED OVER THE LAST YEAR: _____
 NUMBER OF DENTAL AND/OR MEDICAL OFFICES CURRENTLY UNDER CONSTRUCTION: _____

 SIGNATURE

 DATE

 PRINTED NAME

