



## PRE-QUALIFICATION APPLICATION FOR SUBCONTRACTORS AND TEAMING PARTNERS

**Instructions:** Proposed Subcontractors and Teaming Partners shall complete this form and submit to CERM for review and approval. Proposed subcontractors shall be pre-qualified prior to executing a subcontract agreement with CERM. The information provided on this form will be reviewed as part of the prequalification process. Please provide the requested information as completely as possible to facilitate our evaluation. Please do not leave any questions blank, indicate N/A if not applicable. Do not return any original documents with your application as no documents will be returned. Pre-qualified Subcontractors shall remain on CERM's Approved List for a period of three years.

**Check one:** Subcontractor  Teaming Partner

### SECTION 1. COMPANY INFORMATION

1. Firm Name:
2. Firm Address:
3. Contact Name and Title:
4. Email Address:
5. Telephone Number:
6. Tax ID# or SSN#.
7. Principle Headquarters (Office No. 1):
8. Office No.2
9. Office No.3
10. Planned Regional/Area Locations:
11. Geographic areas serviced without travel, lodging, per diem costs:
12. Type of Ownership of the Firm named above (e.g. Partnership, Sole Proprietorship, Corporation, LLC, LLP, etc.):
13. Has your Firm previously operated under another name? If so, state the previous name(s):
14. Is the Firm named above a subsidiary or franchise or in any other way associated with any other firm? If so, state the name(s) of all other firms or companies and the relationship with your Firm.
Company Name _____ Relationship _____
Company Name _____ Relationship _____
15. Names of Principals and their titles:
Name _____ Title _____
Name _____ Title _____
Name _____ Title _____
16. Number of Employees:



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17. Describe your Firm's major services that make up significant percentages of gross billings and indicate which services you are offering to provide to CERM:

Type of services \_\_\_\_\_ Percentage \_\_\_\_\_%

Type of services \_\_\_\_\_ Percentage \_\_\_\_\_%

Type of services \_\_\_\_\_ Percentage \_\_\_\_\_%

Type of services \_\_\_\_\_ Percentage \_\_\_\_\_%

18. Names of subcontractor you plan to use on CERM projects (indicate specific services):

Subcontractor Name \_\_\_\_\_ Services \_\_\_\_\_

Subcontractor Name \_\_\_\_\_ Services \_\_\_\_\_

Subcontractor Name \_\_\_\_\_ Services \_\_\_\_\_

Subcontractor Name \_\_\_\_\_ Services \_\_\_\_\_

19. Were your subcontractors pre-qualified?

20. Does your Firm have a Health and Safety Program? If so, please attach.

### SECTION 2. CERTIFICATIONS

Does your Firm have any of the following certifications? For all items checked, attach a copy to this application.

- Minority Owned Business Enterprise
- Small and/or Local Business Enterprise
- Woman Owned Business Enterprise
- Veteran Owned Business Enterprise
- Disabled Veteran Owned Business Enterprise
- Economically Disadvantaged Business Concern
- HUB Zone Business Enterprise
- Department of Transportation (Specify state \_\_\_\_\_)
- Metro Atlanta Regional Transit Authority (MARTA)
- Other (Specify): \_\_\_\_\_



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### SECTION 3. LICENSES

Does your Firm hold any of the following licenses or permits? For all items checked, attach a copy to this application.

- Engineering (Specify state \_\_\_\_\_ and no. \_\_\_\_\_)
- Surveying (Specify state \_\_\_\_\_ and no. \_\_\_\_\_)
- Abatement (Specify state \_\_\_\_\_ and no. \_\_\_\_\_)
- State Operating Permit (for waste disposal only) (Specify state \_\_\_\_\_ and no. \_\_\_\_\_)
- CERCLA Off-Site Rule Approval
- Other: (Specify state \_\_\_\_\_ and no. \_\_\_\_\_)

### SECTION 4. VIOLATIONS, CITATIONS, AND OTHER PROCEEDINGS

1. Has your Firm received an OSHA (or state OSHA) citation (including fatalities) within the last three (3) years? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes" above, please answer the following questions on a separate sheet of paper and attach to your application.

- a. State the number and types of violations.
  - b. Penalties assessed?
  - c. Were any of the citations contested or vacated? If so, identify.
  - d. What specific corrective actions were taken to prevent further penalties or injuries?
2. List all litigations and other proceedings commenced by any Federal, State or Local Regulatory Agency against your Firm or in connection with any work undertaken partially or wholly in reliance on the advice of your Firm, along with the disposition of each proceeding and the date of disposition. Attach your response, if applicable. N/A \_\_\_\_
3. List all violations or enforcements in connection with the disposal of waste which your Firm has received in the past five (5) years, along with a summary of how each was rectified. Attach your response, if applicable. N/A \_\_\_\_

### SECTION 5. REFERENCES

Please provide the following information as formatted for five (5) major clients. Attach your response.

Client's Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Project: \_\_\_\_\_  
Services Provided: \_\_\_\_\_

**REFERENCES WILL BE CONTACTED.**

### SECTION 6. OTHER REQUIRED DOCUMENTS

- 1. Sample certificate of insurance (on Acord form) evidencing liability coverages.
- 2. A completed IRS W-9 Form.
- 3. A copy of your current business license.



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4. A copy of your business registration with the secretary of state's office.

**SECTION 7. CERTIFYING SIGNATURE**

The undersigned represents that the information provided herein is accurate in all respects.

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Signature

-----  
Printed Name

-----  
Date Signed

**PLEASE RETURN TO:**

[contractsadmin@cerm.com](mailto:contractsadmin@cerm.com) Corporate  
Environmental Risk Management, L.L.C.  
Attn: Corporate Management Division  
1990 Lakeside Parkway, Suite 300  
Tucker, GA 30084