

Subcontractor Qualification Form

For qualified and financially sound subcontractors.
Please download, print, fill out and return by fax or mail to:

Chief Estimator
Thor, Inc.
P. O. Box 13127, Roanoke, VA 24031
Fax: 540-563-0577

Company Name: _____

Contact and Title: _____

Phone: _____ **Fax:** _____

Address: _____

Email /Website: _____

References: (Name, Title, Company, Address, Phone)

SBE: Y/N ___ **MBE: Y/N** ___ **WBE: Y/N** ___

Bondable: Y/N ___ \$ _____ **Years in Business:** ___ **Avg. \$ Volume** _____

CSI Divisions of Work _____

Description of Work _____

Geographic Regions of Work _____

Work Experience/Projects _____
