

Ryan Contractors, Inc. 6685 View Park Court, Riverside, CA 92503 909-989-2181

Subcontractor Pre-Bid Qualifications Form:

Company Informa	<u>itio</u> n:							
Company Name:		License #:						
Address:			DIR #:					
Phone:		Website:						
Minority Status	MBE:	WBE:	SBE:	DVBE:	DBE:	None:		
Union	YES:	NO:						_
Company Contacts:								
Estimating Dept. Contact:		Name:				Phone:		
		Email:						
Accounting Dept. 0	Name:				Phone:		_	
		Email:						
General Information	_	mpany been	in business	?				_
Under what other former names has your company operated under?								
How many employe	es does y	our compan <u>y</u>	y have?					
What is your compa	ny's gross	receipts ave	erage per ye	ar?				
Has your company on the second of the second	ize Procor	e to process	invoices an	•	· · · · · · · · · · · · · · · · · · ·	<u>NO:</u> NO:		
Bondable: YES:	NO:	Вс	ond Rate:	%	Bondir	ng Capacity:		
	eral: \$		Aggregate:		Auto.	<u> </u>		-
Does your company provide employee medical insurance					YES:	NO:		
What is your comp					jec \$	•		

(Please provide a separate sheet highlighting at least 2 projects completed in the last year and 2 suppliers recently used with contact references)

Please return to the Estimating Department: estimating@rciamerica.com