



Please fill in all data requested below. If the information submitted is incomplete, it will cause a delay in consideration.

Once completed, please email the form to contracts@birdi-inc.com.

1. BUSINESS INFORMATION:

Company Name: _____

Company Address: _____

Company Phone: _____ Company Fax: _____

Company Website: _____

Company Tax identification Number: _____

Geographical Region(s): _____ Number of Employees: _____

Contact Person: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Contractor's License Number: _____ State: _____ Expiration: _____

DUNS Number: _____ Cage Code: _____

Trade(s) or Scope of Work: _____

NAICS Codes: _____

If the project is required to fulfil the Buy American Act, would your company be able to comply?

Yes

No

Description of the company:

Birdi Systems, Inc.

Pasadena HQ: 723 East Green Street • Pasadena, CA 91101
Jacksonville: 4640 Sub Chaser Court • Suite 106 • Jacksonville, FL 32244
VA/Washington DC : 745 Warrenton Road, Ste. 113-251, Fredericksburg, VA 22406
Phone: (213) 550-4250 • Fax (626) 628-1761 • www.birdi-inc.com



Prior experience with our company?

If yes, provide details:

2. CERTIFICATIONS:

Please check if your company has any of the following certifications. Additionally, please provide the certificates of the ones applicable.

Alaska Native Corporations (ANC)

Historically Underutilized Business Zones (HUBZone)

SBA Certified

Indian Tribes (US Federally Recognized)

Service Disabled Veteran-Owned Small Business

Small Disadvantaged Business (SDB)

Veteran-Owned Small Business (VOSB)

Woman-Owned Small Business (WOSB)

Disability Owned Business Enterprise (DOBE)

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ)

Minority Business Enterprises (MBE)

Veteran Business Enterprises (VBE)

Women Business Enterprises (WBE)

Other (please describe)

3. INSURANCE:

For prequalification purposes, please provide an "Evidence Only" Certificate of Insurance and fill out the additional information below.

Name of Insurance Company: _____

Agent's Name: _____ Number: _____

Address: _____

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4. SAFETY:

1. Does your company have a written Health and Safety Program?
 Yes No

2. Is your firm in compliance with Occupational Safety and Health Administration (OSHA)?
 Yes No

3. Had either a state or the federal OSHA (Occupational Safety and Health Administration) cite serious violations and assess penalties against you?
 Yes No

If "yes," attach a separate signed page describing the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, the amount of penalty paid, if any. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and the date of the decision.

4. Had either a state or the federal Environmental Protection Agency (EPA) issue a notice of Violation (NoV) and/or assess penalties against your firm?
 Yes No

If "yes," attach a separate signed page describing the citations, including information about the dates of the citations, the nature of the violation, the project on which the citation(s) was or were issued, the amount of penalty paid, if any.

5. List your firm's Experience Modification Rate (EMR) (Workers' compensation insurance) for each of the past three premium years:
 20____ Rating: _____ 20____ Rating: _____ 20____ Rating: _____

NOTE: An Experience Modification Rate is issued to your firm annually by your workers' compensation insurance carrier. Provide documentation attached to prequalification form substantiating the EMR's.

5. BONDING:

Name of Bonding Company: _____

Agent: _____ Number: _____

Address: _____

Single Bond Limit: _____ Aggregated Bond Limit: _____

During the last five years, has your firm ever been denied bond coverage by a surety company, or has there ever been a period of time when your firm had no surety bond in place during a public construction project when one was required?

Yes No



6. REFERENCES:

Please provide three references of recent projects that you have completed. If you are interested in being a subcontractor for a specific project, please provide references that have similar experience/scope to the project.

Reference 1:

Project Name: _____

Project Location: _____

Scope of Work: _____

Reference Name: _____ Reference Title: _____

Reference Phone Number: _____ Reference Email: _____

Date of Project Completion: _____ Contract Value: _____

Reference 2:

Project Name: _____

Project Location: _____

Scope of Work: _____

Reference Name: _____ Reference Title: _____

Reference Phone Number: _____ Reference Email: _____

Date of Project Completion: _____ Contract Value: _____

Reference 3:

Project Name: _____

Project Location: _____

Scope of Work: _____

Reference Name: _____ Reference Title: _____

Reference Phone Number: _____ Reference Email: _____

Date of Project Completion: _____ Contract Value: _____

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7. DOCUMENT CHECK LIST:

To be considered, the **must** submit the following documents.

- ___ Prequalification Form
- ___ Certifications (if applicable)
- ___ “Evidence Only” Certificate of Insurance
- ___ EMR Letter

8. AUTHORIZATION:

This document will be used as a part of a subcontractor prequalification process. By submitting this form, signer represents the information provided is complete and accurate as of the date of this submission.

PRINT NAME: _____

TITLE: _____

SIGNATURE: _____ DATE: _____