



## Subcontractor Pre-Qualification Form

*This is an opportunity to qualify your company as a bidder on all future national contracts. Mr Window National Network has the right to refuse membership to any company that is either competing against and/or not conforming to network standards of excellence in Quality & Reliability.*

### Contact Information:

Company Name: \_\_\_\_\_  
Primary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Web Address: \_\_\_\_\_ Email: \_\_\_\_\_

### Profile Information:

Markets Serviced: *(check all that apply)*

- Retail Chains & Storefronts
- Fast Food Chains & Restaurants
- Commercial Buildings – Low Rise
- Commercial Buildings – High Rise
- Residential & Apartments

Territory Serviced: *(check all that apply)*

- Local
- Regional
- National

Services Provided: *(check all that apply)*

- Window Cleaning
- Post Construction Window Cleaning
- Glass Restoration
- Glass Scratch Removal
- Window Film Installation
- Window Paint & Sign Service
- Chandelier Cleaning
- High Sign Cleaning
- Bird Control
- Roof Anchor Installs & Service

**MR WINDOW™**  
NATIONAL NETWORK



*America's Window Cleaner™*

- Rope Descent Services
- Swing Stage Services
- Boom & Other Lift Services
- Waterproofing Services
- Concrete Cleaning
- Building Wash & Restoration
- Environmental Pressure Washing
- Wood or Deck Wash & Restoration
- Other Pressure Washing
- Awning & Canopy Cleaning
- Gutter Cleaning

Other Service(s): \_\_\_\_\_

Annual Dollar Volume of Work: \_\_\_\_\_

Years In Business: \_\_\_\_\_

Number Of Employees: \_\_\_\_\_

Labor Affiliation:

- Union
- Non-Union
- Prevailing Wage

**Business Certification(s):**

*(Attach documentation from any local, state or federal agency that has certified your company)*

- Minority Business Enterprise (MBE)
- Disadvantaged Business Enterprise (DBE)
- Woman Business Enterprise (WBE)
- Local Business Enterprise (LBE)
- Small Business Enterprise (SBE)
- Veterans Business Enterprise (VBE)

Business Certificates/Other(s): \_\_\_\_\_

**MR WINDOW™**  
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**Trade Experience:**

Projects Recently Completed: *(list at least 3)*

Project Title 1:

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Date Completed:

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Equipment & Service(s) Performed:

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Project Title 2:

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Date Completed:

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Equipment & Service(s) Performed:

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Project Title 3:

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Date Completed:

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Equipment & Service(s) Performed:

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IWCA Member:

- Yes
- No

Other Trade Association(s): \_\_\_\_\_

PWNA Member:

- Yes
- No

Other Trade Association(s): \_\_\_\_\_



**Legal & Financial Information:**

Type of Business:  Corporation  Partnership  Franchise  Sole Proprietorship

Federal Tax Identification Number:

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Insurance (*Limits and Coverage Type*):

General / Business Liability:

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Automobile Liability:

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**Safety Information:**

Does your company document safety procedures?  Yes  No

Does your company conduct onsite safety inspections?  Yes  No

Does your company conduct onsite safety meetings?  Yes  No

Certification Training Completed: (*list most recent year of completion*)

IWCA Certification – Ground Operations      Year: \_\_\_\_\_      Type: \_\_\_\_\_

IWCA Certification – Suspended Operations      Year: \_\_\_\_\_      Type: \_\_\_\_\_

IWCA Safety Training – Route/Residential      Year: \_\_\_\_\_

IWCA Safety Training – High Rise      Year: \_\_\_\_\_

Other Certification or Training: \_\_\_\_\_      Year: \_\_\_\_\_

Form completed by: \_\_\_\_\_      Title: \_\_\_\_\_  
*(Please Print)*

Signature: \_\_\_\_\_      Date: \_\_\_\_\_