



AUTODESK - PRIMARY QUALIFICATION

Created: April 8th, 2026 2:55 PM

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## GENERAL

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**SQ. What is your company name?**

*Required*

**SQ. What is your company's doing-business-as (DBA) name?**

**SQ. What is your company information?**

*Required*

**SQ. What is your company's tax name?**

*Required*

**SQ. Please choose your currency**

*Required*

**SQ. What is your company's address?**

*Required*

Street Address:  
Floor, Suite, Bldg, etc. (optional):  
City:  
State/Province:  
Zip/Postal Code:  
Set as Main Office:

**SQ. Is your company a subsidiary or child to a parent company?**

*Required*

If this doesn't apply to your company, circle DOES NOT APPLY

**SQ. In what year and state/province was your company founded?**

*Required*

Year Founded:  
State/Province Founded:

**SQ. Provide us your company's business tax ID.**

*Required*

Type:  
Tax ID:

**SQ. What type of work do you normally perform?**

*Required*

Choose a Division:  
Choose a Specification (optional):  
Choose an Additional Specification (optional):

**SQ. What markets does your company normally serve?**

*Required*

**SQ. What regions does your company normally serve?**

*Required*

**SQ. How many employees does your company have?**

*Required*

Number of Home Office Employees:  
Number of Field Supervisory Employees:

**SQ. Does your company have any enterprise business certifications?**

If this doesn't apply to your company, circle DOES NOT APPLY

Certification Type:  
Certification Level:  
Certification Description (e.g. Certifying Agency):  
Certification Number/ID:  
Certification Expiration:  
Upload File:

**SQ. Does your company have any union affiliations?**

If this doesn't apply to your company, circle DOES NOT APPLY

Union name:  
Union number:

**SQ. Does your company have any professional licenses?**

If this doesn't apply to your company, circle DOES NOT APPLY

License Type:  
License Number:  
License State:  
Issuing Agency:  
Additional Description:  
Upload File:

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## CONTACTS

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**SQ. Who are your company contacts?**

*Required*

Contact Name:  
Contact Phone:  
Contact Email:  
Position/Title:  
Contact type:

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## PROJECTS

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**SQ. What is your current estimated backlog? Please provide your backlog only for projects currently in progress. Do not include completed projects.**

*Required*

**SQ. Provide references of recently completed projects**

*Required*

Entries Required: 3

Reference Contact Phone:  
Reference Contact Name:  
Subcontract Scope:  
Subcontract Value:  
Completion Year:  
Location:  
Reference Contact Company:  
Reference Contact Email:  
Project Name:

Reference Contact Phone:  
Reference Contact Name:  
Subcontract Scope:  
Subcontract Value:  
Completion Year:  
Location:  
Reference Contact Company:  
Reference Contact Email:  
Project Name:

Reference Contact Phone:  
Reference Contact Name:  
Subcontract Scope:  
Subcontract Value:  
Completion Year:  
Location:  
Reference Contact Company:  
Reference Contact Email:  
Project Name:

**SQ. Provide us any documents with additional project references**

**SAFETY**

**SQ. What is your company's EMR?**

*Required*

Entries Required: 3

Year:  
EMR:  
Upload File:

Year:  
EMR:  
Upload File:

Year:  
EMR:  
Upload File:

**SQ. What are your company's OSHA 300 results?**

*Required*

Entries Required: 3

Year:  
Total Number of Deaths (G):  
Total Number of Cases with Days Away (H):  
Total Number of Cases with Restriction/Transfer (I):  
Other Recordable Cases (J):  
Total Number of Hours Worked:  
Upload File:

Year:  
Total Number of Deaths (G):  
Total Number of Cases with Days Away (H):  
Total Number of Cases with Restriction/Transfer (I):  
Other Recordable Cases (J):  
Total Number of Hours Worked:  
Upload File:

Year:  
Total Number of Deaths (G):  
Total Number of Cases with Days Away (H):  
Total Number of Cases with Restriction/Transfer (I):  
Other Recordable Cases (J):  
Total Number of Hours Worked:  
Upload File:

**SQ. Provide us a copy of your company's current safety manual**

Year:  
Upload Safety Manual:

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## INSURANCE

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**SQ. Who is the broker or agency contact for your insurance programs?**

Broker Agency Phone:  
Broker Agency Company:  
Broker Agency Name:  
Broker Agency Email:

**SQ. Provide us details of your current insurance policies**

Type:  
Contact Full Name:  
Per Occurrence Limit:  
Aggregate Limit:  
Carrier:  
Policy Expiration:  
Upload File:

**SQ. Provide us a copy of your current certificate(s) of insurance**

Year:  
Upload Certificates:

**SQ. Provide us your additional insured endorsement(s) to all applicable policies**

Year:  
Upload Endorsements:

**SQ. What are the details of your surety/bonding program?**

Aggregate Bonding Capacity:  
Broker Agency Company Name:  
Single Project Bonding Capacity:  
Broker Agency Contact Name:  
Current Surety Company:  
Broker Agency Contact Phone:

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## FINANCIAL

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**SQ. Provide your current IRS form W-9**

Year Signed:  
Upload W-9:

**SQ. What are the details of your banking information?**

Bank Reference Phone:  
Bank Reference Name:  
Bank Name:  
Bank Reference Email:  
Line of Credit Available:  
Total Line of Credit:

**SQ. What is your company's historical volume/revenue by year?**

*Required*

Year:  
Estimated Volume/Revenue:

**SQ. Upload your most recent financial statement including balance sheet and statement of income ("P&L"). CPA Audited or Reviewed statements are preferred.**

*Required*

Statement Type:  
Statement Date:  
Upload Statement (PDF):