



# ELEVEN WESTERN BUILDERS, INC. SUPPLIER PREQUALIFICATION FORM

## GENERAL INFORMATION

1) Company Name: \_\_\_\_\_

2) Location of Principal Office\*: \_\_\_\_\_  
\*Please list any additional offices by attaching a separate sheet of paper.

3) City, State, and Zip Code: \_\_\_\_\_

4) Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

5) Website: \_\_\_\_\_

6) Name of Person Completing Form: \_\_\_\_\_

7) E-mail Address of Person Completing Form: \_\_\_\_\_

8) Name of Estimating Contact: \_\_\_\_\_

9) E-mail Address of Estimating Contact: \_\_\_\_\_

10) General Description of Trade(s): \_\_\_\_\_  
\_\_\_\_\_

11) Briefly describe the geographic areas that you work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) Certifications: Check all that apply and include copy of certification.

- |   |                   |
|---|-------------------|
| <input type="checkbox"/> None   |                   |
| <input type="checkbox"/> DBE (Disabled Business Enterprise)                               | Expires On: _____ |
| <input type="checkbox"/> DVBE (Disabled Veteran Business Enterprise)                      | Expires On: _____ |
| <input type="checkbox"/> LGBTBE (Lesbian, Gay, Bisexual, Transgender Business Enterprise) | Expires On: _____ |
| <input type="checkbox"/> MBE (Minority Owned Business Enterprise)                         | Expires On: _____ |
| <input type="checkbox"/> SBE (Small Business Enterprise)                                  | Expires On: _____ |
| <input type="checkbox"/> WBE (Women Owned Business Enterprise)                            | Expires On: _____ |

The submitter of this prequalification form certifies that the information provided herein is true and sufficiently complete as not to be misleading.

Signature of Representative: \_\_\_\_\_

Name and Title \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**REQUIRED DOCUMENTS**  
**\*\*MUST BE SUBMITTED TO BE APPROVED\*\***

- A) Completed and Signed "Supplier Prequalification Form"
- B) Copies of certifications (as applicable) - Ref. Item #12

For EWBI Use Only		
Rcd.	N/A	Apv.

E-mail Completed Form with All Attachments to  
[estimating@ewbinc.com](mailto:estimating@ewbinc.com) or Fax to 760.796.6358.