



**LiRo Program and Construction Management, PE P.C.**

Three Aerial Way  
Syosset, New York 11791

**Application for Subcontractor**

Business Applicant Name \_\_\_\_\_ TIN \_\_\_\_\_

**Types of Project Categories**

Use this page to indicate which type of project you are applying for.

If you are interested in more than one type of project, check each box that corresponds to the type of project your firm is interested in bidding.

Business Applicant Name \_\_\_\_\_ EIN \_\_\_\_\_

Check Here to Apply	Experience	<\$1M	\$1M-\$5M	\$5M-\$10M	>\$10M
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**A. Scope of Typical Contract**

1. General Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Site Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underground Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Foundations & Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Windows, including Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Roofing & Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Security Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hazardous Materials Abatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Demolition/ Rubbish Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Brick Work/ Facade Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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D/B/A or Trade Name (if any) \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Delivery Address (if different) \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ Website \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Email Address \_\_\_\_\_

Print Name of Person Completing this Application \_\_\_\_\_ Title \_\_\_\_\_ Date Completed \_\_\_\_\_

- 1. Experience:** For each bidder list you wish to pre-qualify for, use this sheet to list a minimum of five projects completed in the last five years.
- 2. References:** Of three random reference calls made to contacts provided on the Project Experience list, at least two references must rate your firm either 1 or 2 on a scale of 5 (1 excellent, 2 good, 3 satisfactory, 4 marginal, 5 unsatisfactory). A third reference must rate your firm no less than 3 (satisfactory).

**PROJECT EXPERIENCE LIST**

	Client Company/Agency/Authority and Project Name	Prime or Sub Contractor	Description of Work	Your Contract Value \$	Client Reference Contact Name, Title and Telephone Number
1	-				
2	-				
3	-				
4	-				
5	-				

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.



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**3. Capacity:**

Provide a letter on surety letterhead confirming bonding capacity.

Indicate the business' bonding capacities as follows:

\$ \_\_\_\_\_ Single \$ \_\_\_\_\_ Aggregate

Letter attached: Yes \_\_\_ No \_\_\_

**4. Financial Strength and Stability:**

(a) With this application, submit an audited or reviewed financial statement to demonstrate the following criteria:

- Current ratio (current assets/ current liabilities) 1.0 to 1.5
- Debt to equity ratio shall be a maximum of 6.0 to 1.

(b) Pre-qualification requires business credit lines with a minimum total of \$200,000. Provide details below for each line of credit, or loan provided by a lending institution supported by a letter from a bank or an alternate equivalent. If none, please indicate.

- Alternative or equivalent measures may be considered.

Name and Address of Lending Institution	Amount of Credit Line

Yes \_\_\_ No \_\_\_

**5. Safety:**

(a) **Workers Compensation Experience Information:** List the Interstate Workers Compensation Experience Modification Rate (EMR) of 1.2 or less for the previous three years. Alternative or equivalent measures may be considered.

Year	Workers Compensation Insurance Carrier	Policy Number	EMR

**In addition to listing your EMR information in the above chart, also provide this information on your insurance carrier or broker's letterhead.**

Verification Provided Yes \_\_\_ No \_\_\_

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**6. Licenses:**

If the work of this subcontractor requires a New York City, State, or Federal license or certification under governing law, provide copies of all required licenses.

**7. MBE/WBE/SBE/ROB:**

Certified as MBE, WBE, SBE OR ROB: Is the business certified as any of the following types of business by a government agency or authority?  
If yes, attach copies of all such certifications.

Minority - Owned Business Enterprise (MBE)  Yes  No

Small Business Enterprise (SBE)  Yes  No

Women - Owned Business Enterprise (WBE)  Yes  No

Resident Owned Business (ROB)  Yes  No

**8. Integrity:**

Has your firm ever submitted a VENDEX form to the City of New York. If so, date of most recent submission: \_\_\_\_\_  
Please attach a current NYC Vendex CNC

**9. Apprenticeship Program:**

Is your firm currently enrolled in a NYS approved apprenticeship program? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe the program your firm is enrolled with and provide verification from the NYS approved apprenticeship program (on NYSDOL or Union Affiliation letterhead).

Program Enrolled \_\_\_\_\_

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**The following must be completed by an officer of the applicant firm.**

A material false statement or omission made in connection with this application is sufficient cause for denial of the application or revocation of a prior approval thereby precluding the business applicant from performing work for LiRo Program & Construction Management, PE P.C. for a period of three years.

I, \_\_\_\_\_, being duly sworn, state that I am \_\_\_\_\_ of \_\_\_\_\_,  
(Name, print) (Title) (Business Applicant name)

and that I have read and understood the questions contained in this application. I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete, and truthful. I acknowledge that LiRo Program & Construction Management, PE P.C. may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application. I recognize that all the information submitted is for the express purpose of inducing LiRo Program & Construction Management, PE P.C. to pre-qualify a contractor and does not assure that it will be deemed qualified. I authorize LiRo Program & Construction Management, PE P.C. to contact any entity named in the application for the purposes of verifying the information supplied by the applicant.

\_\_\_\_\_  
(Signature) (Date)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Completed applications, with supporting documentation, are required for your firm to be considered for the pre-qualification list.

**END OF BIDDER APPLICATION**

Provide a response to all questions. Attach additional sheet(s) of paper to this application as needed to respond fully to all questions.