



SUBCONTRACTOR QUALIFICATION QUESTIONNAIRE

CONFIDENTIAL (This Request for Information is neither a contract offer nor a promise of future business)

GENERAL INFORMATION

Date			
Full Legal Name of Company			
Legal entity (Corporation, LLC, Inc., etc.)			
State of Formation			
Referred By			
Names and titles of officers & safety/quality manager	Name	Title	
Mailing Address:	<div style="display: flex; justify-content: space-between;"> <div>Street:</div> <div>City:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>State:</div> <div>Zip:</div> </div>		
Telephone	- -	Fax Number:	- -
Email Address			
Date Business Started			
Federal Tax ID Number			
Dun & Bradstreet Number			
Website			
COMPANY PROFILE			
PROJECT HISTORY List the types of work you are capable and/or certified to perform			
List the description of certificates and licenses held and what states your crews will service			

Are you or have you worked for any of the AT&T Turf Vendors. If yes, where?	
Please list prior project history for any work performed for AT&T, LTE, UMTS etc...including locations and dates.	
Do you have in-house crews?	
Please indicate specific services that your crews perform. Tiger Team/Audits/Alarms/LTE/UMTS/2 nd -3 rd Carrier/Troubleshooting/Professional Services to include SAQ etc... Please be specific if services entail Tower Mods/Structurals etc...	
Are you currently working as a subcontractor for a vendor of Ansco? If so, please indicate vendor.	
REFERENCES	
List (3) References from past clients with contact information	1. 2. 3.
VENDOR CLASSIFICATION CATEGORIES	
1. CONSTRUICION WITH POLLUTION (work with batteries) 2. CONSTRUCTION WITHOUT POLLUTION (not working with batteries) 3. PROFESSIONAL SERVICES (SAQ – non-construction) 4. TURN KEY/FULL SERVICES (professional with pollution/battery work)	Choose #1, #2, # or #4 and enter number below

SAFETY AND HEALTH

List your Company's Experience Modification Rate (EMR) for the 3 most recent years. Attach a copy of the letter evidencing the most recent year. _____ EMR Letter Attached	2013	2014	2015
<p>If you company has an EMR rating of 1.1 or high please provide a brief description of the cause.</p> <hr/> <p>If your company experienced a work-related fatality during this period, provide a brief description of the causes and corrective actions taken.</p> <hr/> <p>Do your crews currently have all safety certifications in place: Comtrain for Tower Climbers/RF Awareness/CPR-AED/OSHA 10?</p>			
Has your company received any OSHA Citations within the past three years? If yes, explain fully on an attached sheet.0	____YES ____NO		
Does your company have a documented safety program? If Yes, please attach a copy.	____YES ____NO		

ACKNOWLEDGEMENT AND CERTIFICATIONS

Completion of this Subcontractor Qualification Questionnaire and submittal of the necessary documentation does not constitute approval by Ansco. However, failure to submit requested documents or providing a negative or false response may be grounds for disapproval. Ansco also reserves the right to revoke approval at any time at its sole discretion. Subcontractor, by and through its duly authorized representative, certifies that the information provided in this document is correct and understands that Ansco is relying on its accuracy. Subcontractor acknowledges that if Ansco learns of any inaccuracies or discrepancies in this information, Ansco, at its sole discretion, may immediately revoke Subcontractor's authorization to perform work. In addition, Subcontractor acknowledges it has a responsibility to notify Ansco immediately of any change that might result in any change to any response provided in this questionnaire or documentation submitted.

It is further agreed that any person permitted to work on an Ansco site must participate in Ansco's Safety and Health Subcontractor Orientation prior to being permitted to perform any work.

Signature of Company Officer

Name of Company Officer

Title

Date