



## WIRELINE/UTILITIES SUBCONTRACTOR QUALIFICATION QUESTIONNAIRE

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

### GENERAL INFORMATION

<b>Date</b>		
<b>Full legal name of company</b>		
<b>Legal entity (Corporation,, LLC, Inc., etc.)</b>		
<b>State of formation</b>		
<b>Names and titles of officers</b>	<b>Name</b>	<b>Title</b>
<b>Mailing Address: City, State, Zip:</b>		
<b>Telephone</b>		<b>Fax Number:</b>
<b>Email Address</b>		
<b>Federal Tax ID Number</b>		
<b>Dun &amp; Bradstreet Number</b>		

### COMPANY PROFILE

<b>List the types of work you are capable and/or certified to perform</b>	
<b>List the description of certificates and licenses held</b>	
<b>Are you or have you worked for Anasco or any other Dycom subsidiary?</b>	
<b>Please list prior project history for any work performed including locations and dates.</b>	

<b>How many in-house crews do you currently have?</b>			
<b>List 3 References from past clients with contact information.</b>			
<b>SAFETY AND HEALTH</b>			
<b>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.</b> _____ EMR Letter Attached	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>If your company experienced a work-related fatality during this period, provide a brief description of the causes and corrective actions taken.</b>			
<b>Has your company received any OSHA Citations within the past three years? If yes, explain fully on an attached sheet.</b>	_____YES      _____NO		
<b>Does your company have a documented safety program? If Yes, please attach a copy.</b>	_____YES      _____NO		
<b>ACKNOWLEDGEMENT AND CERTIFICATIONS</b>			
<p>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.</p> <p>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.</p>			

\_\_\_\_\_  
**Signature of Company Officer**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Name of Company Officer**

\_\_\_\_\_  
**Date**