



Subcontractor Pre-Qualification Statement

Please complete as it appears on your State Contractor's License:

Legal name of Company / DBA: _____

Vendor Trade / Division: _____

State: _____ **License No:** _____ **Expiration date:** _____

Address: _____

City State Zip: _____

Phone: _____ **Fax:** _____ **Cell:** _____

Email: _____

Provide Name, Title of Principal Contact: _____

List two References:

Company/ Name: _____

Address: _____

Phone Number: _____

Company/ Name: _____

Address: _____

Phone Number: _____

**Please return this form, along with your information to Axthelm Construction via:
Email: aprilaxthelm@comcast.net Mail: PO Box 2947, Mount Vernon, WA 98273
Fax: (360) 428-0206**