HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO
CAPITAL FUND PROGRAM
715 E. BRIER DRIVE SAN BERNARDINO, CA 92408-2841
(909) 890-0644 FAX (909) 890-2349

DESIGNATION OF SUBCONTRACTORS

(Form must be completed in full)

****Subcontractor license number and expiration date are required per Assembly Bill AB44. Your bid will be considered non-compliant and non-responsive if not included****

Trade:	Subcontractor:	Location of Business:	License # & Exp. Date:

_____
Proper Name of Bidder

By: _____

Title: _____

If more than one portion is to be done by a single contractor, he shall also be listed herein and be licensed to perform that portion. The Housing Authority of the County of San Bernardino, at its discretion, may request previous experience documentation before allowing any one subcontractor to undertake work other than his principal contracting business.