



Contractor's Qualification Statement

Company Name and Address:

Contact Information:

Name:
Main Office:
Fax:
web:

Type of Entity:

- Corporation
 Partnership
 Individual

Organization Information:

1. How many years has your organization been in business as a Contractor?
2. How many years has your organization been in business under its present business name?
 - a. Under what other names has your organization operated?
3. Names and titles of Officers, Partners or Owners and years with company:

Name	Position	Years with Company
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Licensing:

1. List jurisdictions and trade categories your organization is legally qualified to do business, and indicate registration or license numbers, if applicable:

Contractor's Qualification Statement

Licensing-cont:

2. Is your firm union? Yes No

Claims and Suits (please attach details for any questions answered yes):

1. Has your organization ever failed to complete any work awarded to it?
2. Are there any judgements, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers?
3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts with the last five years?

Experience:

1. On a separate sheet, list major construction projects your organization has in progress, including the name of the project, contract amount, percent complete and scheduled completion date.
 - a. State total worth of work in progress and under contract:
2. On a separate sheet of paper, list the major projects your organization has completed in the past five years, giving the name of the project, contract amount, date of completion.

Financial Information:

1. Attach a financial statement, preferably audited, including your latest balance sheet and income statement.

Surety

1. What is your current bonding capacity, if any?

(Please include a letter from your bonding company confirming capacity if applicable)

Contractor's Qualification Statement

Safety Data Requirement:

1. Has your firm had any OSHA Violations in the last five years? If Yes, please explain:
2. Company Safety Officer:
3. What is your current Worker's Compensation MOD?

(Please include verification of your Experience Modification Rating)

List 3 References

Name: _____

Company: _____

Address: _____

Phone: _____

E-mail: _____

Name: _____

Company: _____

Address: _____

Phone: _____

E-mail: _____

Contractor's Qualification Statement

Name:

Company: _____

Address: _____

Phone: _____

E-mail: _____

Signature

Dated this: _____

Name of Organization:

By: _____

(signature, title)