

**WASHINGTON SUBURBAN SANITARY COMMISSION
STATEMENT OF OFFEROR'S QUALIFICATIONS FORM**

We certify the following information submitted is true and correct:

The company has been engaged in performing the type of work required under this agreement.

1. NAME OF BIDDER: _____

2. BUSINESS ADDRESS: _____

3. TELEPHONE NUMBER: _____

4. FASCIMILE NUMBER: _____

5. OFFICIAL REPRESENTATIVE AND TITLE: _____

Date: _____

Firm Name: _____

By: _____

Title: _____