

**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. FACSIMILE NUMBER: \_\_\_\_\_

5. OFFICIAL REPRESENTATIVE AND TITLE: \_\_\_\_\_

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_