

## QUALIFICATIONS STATEMENT

### 1. SUBMITTED BY:

Official Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2. SUBMITTED TO:

\_\_\_\_\_

### 3. SUBMITTED FOR:

Owner: \_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TYPE OF WORK:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. CONTRACTOR'S CONTACT INFORMATION

Contact Person: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

### 5. AFFILIATED COMPANIES:

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

\_\_\_\_\_

EJCDC® C-451, Qualifications Statement.

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Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. TYPE OF ORGANIZATION:**

SOLE PROPRIETORSHIP

Name of Owner: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

PARTNERSHIP

Date of Organization: \_\_\_\_\_

Type of Partnership: \_\_\_\_\_

Name of General Partner(s): \_\_\_\_\_  
\_\_\_\_\_

CORPORATION

State of Organization: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Executive Officers:

- President: \_\_\_\_\_

- Vice President(s): \_\_\_\_\_  
\_\_\_\_\_

- Treasurer: \_\_\_\_\_

- Secretary: \_\_\_\_\_

LIMITED LIABILITY COMPANY

State of Organization: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JOINT VENTURE

Sate of Organization: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Form of Organization: \_\_\_\_\_

Joint Venture Managing Partner

- Name: \_\_\_\_\_

- Address: \_\_\_\_\_  
\_\_\_\_\_

Joint Venture Managing Partner

- Name: \_\_\_\_\_

- Address: \_\_\_\_\_  
\_\_\_\_\_

Joint Venture Managing Partner

- Name: \_\_\_\_\_

- Address: \_\_\_\_\_  
\_\_\_\_\_

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## 7. LICENSING

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Jurisdiction: \_\_\_\_\_

Type of License: \_\_\_\_\_

License Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Type of License: \_\_\_\_\_

License Number: \_\_\_\_\_

#### 8. CERTIFICATIONS

CERTIFIED BY:

Disadvantage Business Enterprise: \_\_\_\_\_

Minority Business Enterprise: \_\_\_\_\_

Woman Owned Enterprise: \_\_\_\_\_

Small Business Enterprise: \_\_\_\_\_

Other (\_\_\_\_\_): \_\_\_\_\_

#### 9. BONDING INFORMATION

Bonding Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bonding Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Aggregate Bonding Capacity: \_\_\_\_\_

Available Bonding Capacity as of date of this submittal: \_\_\_\_\_

#### 10. FINANCIAL INFORMATION

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Account Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

INCLUDE AS AN ATTACHMENT AN AUDITED BALANCE SHEET FOR EACH OF THE LAST 3 YEARS

#### 11. CONSTRUCTION EXPERIENCE:

Current Experience:

List on **Schedule A** all uncompleted projects currently under contract (If Joint Venture list each participant's projects separately).

Previous Experience:

List on **Schedule B** all projects completed within the last 5 Years (If Joint Venture list each participant's projects separately).

Has firm listed in Section 1 ever failed to complete a construction contract awarded to it?

YES  NO

If YES, attach as an Attachment details including Project Owner's contact information.

Has any Corporate Officer, Partner, Joint Venture participant or Proprietor ever failed to complete a construction contract awarded to them in their name or when acting as a principal of another entity?

YES  NO

If YES, attach as an Attachment details including Project Owner's contact information.

Are there any judgments, claims, disputes or litigation pending or outstanding involving the firm listed in Section 1 or any of its officers (or any of its partners if a partnership or any of the individual entities if a joint venture)?

YES  NO

If YES, attach as an Attachment details including Project Owner's contact information.

**12. SAFETY PROGRAM:**

Name of Contractor's Safety Officer: \_\_\_\_\_

Include the following as attachments:

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) OSHA No. 500- Log & Summary of Occupational Injuries & Illnesses for the past 5 years.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all OSHA Citations & Notifications of Penalty (monetary or other) received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all safety citations or violations under any state all received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide the following for the firm listed in Section V (and for each proposed Subcontractor furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) the following (attach additional sheets as necessary):

Workers' compensation Experience Modification Rate (EMR) for the last 5 years:

|            |           |
|------------|-----------|
| YEAR _____ | EMR _____ |

Total Recordable Frequency Rate (TRFR) for the last 5 years:

|            |            |
|------------|------------|
| YEAR _____ | TRFR _____ |

Total number of man-hours worked for the last 5 Years:

|            |                                 |
|------------|---------------------------------|
| YEAR _____ | TOTAL NUMBER OF MAN-HOURS _____ |
| YEAR _____ | TOTAL NUMBER OF MAN-HOURS _____ |
| YEAR _____ | TOTAL NUMBER OF MAN-HOURS _____ |
| YEAR _____ | TOTAL NUMBER OF MAN-HOURS _____ |
| YEAR _____ | TOTAL NUMBER OF MAN-HOURS _____ |

Provide Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) Days Away From Work, Days of Restricted Work Activity or Job Transfer (DART) incidence rate for the particular industry or type of Work to be performed by Contractor and each of Contractor's proposed Subcontractors and Suppliers) for the last 5 years:

|            |            |
|------------|------------|
| YEAR _____ | DART _____ |

### 13. EQUIPMENT:

#### MAJOR EQUIPMENT:

List on **Schedule C** all pieces of major equipment available for use on Owner's Project.

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED HEREWITH, INCLUDING ANY ATTACHMENTS, IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF ORGANIZATION: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATED: \_\_\_\_\_

NOTARY ATTEST:

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC - STATE OF \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

REQUIRED ATTACHMENTS

1. Schedule A (Current Experience).
2. Schedule B (Previous Experience).
3. Schedule C (Major Equipment).
4. Audited balance sheet for each of the last 3 years for firm named in Section 1.
5. Evidence of authority for individuals listed in Section 7 to bind organization to an agreement.
6. Resumes of officers and key individuals (including Safety Officer) of firm named in Section 1.
7. Required safety program submittals listed in Section 13.
8. Additional items as pertinent.

## SCHEDULE A

### CURRENT EXPERIENCE

| Project Name | Owner's Contact Person          | Design Engineer                 | Contract Date | Type of Work | Status | Cost of Work |
|--------------|---------------------------------|---------------------------------|---------------|--------------|--------|--------------|
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |

## SCHEDULE B

### PREVIOUS EXPERIENCE (Include ALL Projects Completed within last 5 years)

| Project Name | Owner's Contact Person          | Design Engineer                 | Contract Date | Type of Work | Status | Cost of Work |
|--------------|---------------------------------|---------------------------------|---------------|--------------|--------|--------------|
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |

## SCHEDULE B

### PREVIOUS EXPERIENCE (Include ALL Projects Completed within last 5 years)

| Project Name | Owner's Contact Person          | Design Engineer                 | Contract Date | Type of Work | Status | Cost of Work |
|--------------|---------------------------------|---------------------------------|---------------|--------------|--------|--------------|
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |
|              | Name:<br>Address:<br>Telephone: | Name:<br>Company:<br>Telephone: |               |              |        |              |

## SCHEDULE C - LIST OF MAJOR EQUIPMENT AVAILABLE