

CONTRACTOR'S QUESTIONNAIRE AND PROJECT EXPERIENCE FORMS

Company Information:

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Night Phone: _____

Emergency Phone: _____ Mobile: _____

Fax: _____ Email: _____

Federal Tax ID# _____

Contact Person(s): _____

Organization (Check):

Sole Proprietorship/Owner's Name _____

Partnership/Partner's Name _____

Corporation/Company's Name _____

Other/Specify _____

Years in Business: _____ Number of Full-time Personnel: _____

How long contracting under present name: _____

Have You Contracted Under Other Name(s)? Yes No

If Yes, Explain:

Have you failed to complete work contracted to you? Yes No

If Yes, Explain:

Have you ever defaulted on a contract? Yes No

If Yes, Explain:

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Litigation Information:

In the last 10 years has any kind of judgment been rendered against you, including that which is the result of a regulatory preceding, related to those services being proposed in the contract? Please explain in summary.

Areas of experience (at least 10% of work over the past three years).

Check those that apply:

Asbestos Abatement
 Demolition
 Excavation
 Stream Stabilization
 Tree Removal
 Other (describe) _____

Previous related project experience:

1) Job Name: _____

Owner/Client: _____

Contact: _____ Phone Number: _____

Project/work description:

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2) Job Name: _____

Owner/Client: _____

Contact: _____ Phone Number: _____

Project/work description:

3) Job Name: _____

Owner/Client: _____

Contact: _____ Phone Number: _____

Project/work description:

4) Job Name: _____

Owner/Client: _____

Contact: _____ Phone Number: _____

Project/work description:
