

CONTRACTOR INFORMATION AND EXPERIENCE FORM

A. INFORMATION ABOUT CONTRACTOR

(Indicate not applicable (“N/A”) where appropriate.)

NOTE: Where Contractor is a joint venture, pages shall be duplicated and information provided for all parties to the joint venture.

1.0 Name of Contractor: _____

2.0 Type, if Entity: _____

Contractor’s License No: _____

DIR Registration Number: _____

3.0 Contractor Address: _____

Facsimile Number

Telephone Number

Email Address

4.0 How many years has Contractor’s organization been in business as a Contractor?

5.0 How many years has Contractor’s organization been in business under its present name? _____

5.1 Under what other or former names has Contractor’s organization operated?

6.0 If Contractor’s organization is a corporation, answer the following:

6.1 Date of Incorporation: _____

6.2 State of Incorporation: _____

6.3 President’s Name: _____

6.4 Vice-President’s Name(s): _____

6.5 Secretary’s Name: _____

6.6 Treasurer's Name: _____

7.0 If an individual or a partnership, answer the following:

7.1 Date of Organization: _____

7.2 Name and address of all partners (state whether general or limited partnership):

8.0 If other than a corporation or partnership, describe organization and name principals:

9.0 List other states in which Contractor's organization is legally qualified to do business.

10.0 What type of work does the Contractor normally perform with its own forces?

11.0 Has Contractor ever failed to complete any work awarded to it? If so, note when, where, and why:

12.0 Within the last five years, has any officer or partner of Contractor's organization ever been an officer or partner of another organization when it failed to complete a contract? If so, attach a separate sheet of explanation:

13.0 List Trade References:

14.0 List Bank References (Bank and Branch Address):

15.0 Name of Bonding Company and Name and Address of Agent:

B. LIST OF CURRENT PROJECTS (Backlog)

[**Duplicate Page if needed for listing additional current projects.**]

Project	Description of Contractor's Work	Owner/Contact Information	Estimated Completion Date	Contract Value

C. LIST OF COMPLETED PROJECTS - LAST THREE YEARS

[**Duplicate Page if needed for listing additional completed projects.**]

Please include only those projects which are similar enough to demonstrate Contractor’s ability to perform the required Work. The Authority is seeking to confirm the Contractor’s experience through verification of at least three projects completed within the last five years, which involved water facility work similar in scope and value as the proposed project and which connected to the public water system.

Project	Description of Contractor’s Work	Owner/Contact Information	Completion Date	Contract Value

D. EXPERIENCE AND TECHNICAL QUALIFICATIONS QUESTIONNAIRE

Personnel:

The Contractor shall identify the key personnel to be assigned to this project in a management, construction supervision or engineering capacity.

1. List each person's job title, name and percent of time to be allocated to this project:

2. Summarize each person's specialized education:

3. List each person's years of construction experience relevant to the project:

4. Summarize such experience:

Contractor agrees that personnel named in this document will remain on the Project until completion of all relevant Work, unless substituted by personnel of equivalent experience and qualifications approved in advance by the Authority.

Additional Contractor's Statements:

If the Contractor feels that there is additional information which has not been included in the questionnaire above, and which would contribute to the qualification review, it may add that information in a statement here or on an attached sheet, appropriately marked:

E. VERIFICATION AND EXECUTION

These Forms shall be executed only by a duly authorized official of the Contractor:

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct:

Name of Contractor _____

Signature _____

Name _____

Title _____

Dated _____

END OF CONTRACTOR INFORMATION AND EXPERIENCE FORM