

****Must be on file 5 days prior to quote due date****



CITY OF GREEN BAY STATEMENT OF QUALIFICATIONS

Place an "x" on line for each type of service(s) you are applying for.
Include references for those specific services on Page 4.

ASBESTOS REMOVAL _____
DEMOLITION _____
LEAD ABATEMENT _____
SMALL CONSTRUCTION _____
or
OTHER _____

_____ List type of business & project quoting on

STATEMENT OF QUALIFICATIONS – APPLICATION SHALL BE
SUBMITTED AND RECEIVED BY PURCHASING DEPT NO LATER THAN
FIVE DAYS BEFORE THE DATE QUOTATIONS ARE DUE

**THIS STATEMENT OF QUALIFICATIONS
SHALL ONLY BE VALID FOR A PERIOD OF ONE (1) YEAR
AFTER THE DATE OF FILING**

Vendor is responsible to update annually

THE CONTENTS OF THIS QUESTIONNAIRE SHALL BE CONFIDENTIAL
FOR THE EXCLUSIVE USE OF THE CONTRACTING AGENCY
AND SHALL NOT BE MADE PUBLIC EXCEPT
BY WRITTEN PERMISSION OF THE PROSPECTIVE BIDDER.

(DO NOT REMOVE THIS COVER SHEET FROM DOCUMENT)

EXPERIENCE

A. What is the construction experience of the principal individuals, including superintendents and/or foremen, of your present organization?

| Individual's Name | Present Position of Officer in your Organization | Years of Construction Experience | Magnitude and Type of Work | In What Capacity |
|-------------------|--|----------------------------------|----------------------------|------------------|
| | | | | |
| | | | | |
| | | | | |

Average number of employees during the last 12 months:

Office _____ Skilled _____ Unskilled _____

B. CONSTRUCTION EXPERIENCE

List below the five most recent jobs performed by you for which pre-qualification is desired. Under "Capacity" state whether as Contractor, Engineer, Superintendent, Foreman, etc.

| YEAR | TYPE OF WORK | CAPACITY | COST OF WORK |
|------|--------------|----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EQUIPMENT

A. List below major pieces of equipment owned and available when needed for proposed work. **ALL COLUMNS MUST BE COMPLETED. ATTACH ADDITIONAL SHEETS IF NECESSARY. MUST CONTAIN SAME INFORMATION LISTED ON THIS PAGE.**

| NUMBERS OF ITEM | DESCRIPTION SIZE, CAPACITY, ETC. | ORIGINAL COST | ACCUMULATED DEPRECIATION | PRESENT BOOK VALUE | YEARS OF SERVICE |
|-----------------|----------------------------------|---------------|--------------------------|--------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CONTRACTUAL RESPONSIBILITY

A. Has firm ever failed in the past ten years to complete on time work awarded to it? _____

If so, state:

Date _____ Owner _____

Owner's Mailing Address _____

(At that time, or now--preferably now, if there is a difference.)

Full particulars in each instance: _____

B. Has any officer or partner of firm ever failed in the past ten years to complete on time a construction contract? _____

If so, state:

Date _____ Name of Officer _____

or Partner _____

Owner _____

Owner's Mailing Address _____

(At that time, or now--preferably now, if there is a difference)

Full particulars in each instance: _____

C. List at least three references for who you have performed similar work and **GIVE COMPLETE NAMES, TITLES, ADDRESSES, PHONE NUMBERS, AND DOLLAR VOLUME OF WORK INVOLVED** in all references.

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

_____ being duly sworn, deposes and says that
he/she (Name of Officer/Owner)

is the _____ of _____
(Title) (Name of Firm)

and that the answers to the foregoing questions and all statements therein contained are true and correct, and that any owner, bonding company, or other agency, herein named is hereby authorized to supply the municipality, City of Green Bay, with any information deemed necessary to verify this statement.

(Signature of Officer/Owner)

Subscribed and sworn before me this _____ day of _____, 2____.

Notary Public

_____, _____
County State

My Commission Expires _____

APPROVED BY:

Director of Public Works Date _____