

Attachment B

STATEMENT OF QUALIFICATIONS

Each contractor submitting a proposal MUST answer the following questions and return this Form with their submittal. THIS IS A PART OF THE REQUEST FOR PROPOSAL PACKAGE. Failure to complete and return this form may be regarded as justification for rejecting the contractor's proposal. Attach additional sheets if necessary

1. NAME OF PERSON COMPLETING FORM: _____
2. COMPANY NAME: _____
3. BUSINESS ADDRESS: _____
4. MAILING ADDRESS: _____
5. FEDERAL IDENTIFICATION #: _____
6. NAMES/TITLES OF FIRM'S PRINCIPALS: _____
7. TYPE OF BUSINESS: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture
8. HOW MANY YEARS HAVE YOU BEEN ENGAGED IN PROVIDING THESE TYPE OF SERVICES
UNDER THE PRESENT FIRM NAME? _____
9. HAVE YOU DONE THIS TYPE OF SERVICE UNDER ANY OTHER NAME? ____ IF YES, PLEASE
GIVE ALL OTHER NAMES USED: _____
10. EXPLAIN YOUR INTEREST IN THIS CONTRACT AND WHAT KNOWLEDGE, SKILLS, ABILITIES
AND EXPERIENCE QUALIFY YOU FOR THIS CONTRACT:

ARE THERE ANY ATTACHMENTS TO THIS DOCUMENT () NO () YES

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS
FORM AND ANY ATTACHMENT THERETO IS TRUE AND CORRECT.

COMPANY NAME: _____

COMPLETED BY: _____

SIGNATURE & DATE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____