SECTION 00 45 13 – QUALIFICATION STATEMENT FOR MANHOLE REHABILITATION SUBCONTRACTOR

All questions must be answered, and the data given must be clear and comprehensive. This statement must be notarized. If necessary, questions may be answered on separate attached sheets. The Subcontractor may submit any additional information desired. Attach all additional sheets to this statement. (Sample "Project Information Form" contained at the end of this Section.)

1.	Name of Subcontractor:							
2.	Permanent main office address and phone number:							
3.	How many years have you been engage	ou been engaged in the contracting business under your present firm or trade name?						
4.	General description of type of work performed by your company:							
5.	Have you ever failed to complete any work awarded to you? If so, where and why?							
6.	Have you ever defaulted on a contract? If so, where and why?							
7.	Have you successfully installed a manhole lining product of the type specified in a minimum of 500 manholes structures in the last 10 years? (Attach documentation)							
8.	Attach a list of the most important projects recently completed by your company which are similar in scope to this Project each with construction costs of \$150,000 to \$300,000 (Complete a "Project Information Form", or provide same required information in a similar format, for each Project listed.)							
9.	zation, including officers:							
	Name	Position	Years Experience					

12. The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the Owner in verification of the recitals comprising this Statement of Qualifications.

I, ________ of the Subcontractor, and that the answers to the foregoing questions and statements contained therein are true and correct.

SUBCONTRACTOR:		
By:		
	(name signed)	
	(name printed or typed)	
Title:		
Date:		
Subscribed and sworn to me this day of	, 20	
NOTARY PUBLIC:	(name signed)	
	(nume signed)	
	(name printed or typed)	
Commission Expires:		
	(Date) (SEAL)	
	(JLAL)	

Proje	ect Title:		
Proje	ect Description:		
Majo	or Subcontractors:	 	
Majo	or Suppliers:		
-			
Proje	ect Owner:		
-	Owner Name:	_	
-	Contact Person:	_	
-	Phone Number:	-	
Engin	neer/Construction Manager:		
-	Company Name:	_	
-	Contact Person:	_	
-	Phone Number:	_	
Contr	ract Amount:		
-	Initial:		
-	Final:		
Contr	tract Time		
-	Initial:		
-	Final:		
-	Completion Date:		

Project Information Form