

CONTRACTOR STATEMENT OF QUALIFICATIONS FS#2

FILL IN ALL BLANKS. IF NOT APPLICABLE, INSERT "N.A."

CONTACT INFORMATION:

COMPANY NAME: _____

CONTACT NAME: _____ PHONE: _____

EMAIL ADDRESS: _____ FAX: _____

NAME OF AUTHORIZED CONTRACT SIGNER: _____

YEARS IN BUSINESS UNDER ABOVE NAME: _____ YEARS IN BUSINESS IN ARIZONA: _____

ANY OTHER BUSINESS NAMES USED: _____ YEARS _____ TO _____

ADDRESS: _____

CITY, STATE, ZIP: _____

REMIT ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY, STATE, ZIP: _____

CONTRACTOR LICENSE NO: _____ CLASS: _____ STATE: _____

BONDING COMPANY: _____ AGENT: _____

CHECK ALL THAT APPLY:

BUSINESS TYPE

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION STATE OF INCORPORATION

DIVERSITY BUSINESS OWNER DESIGNATION

WOMEN-OWNED WOMEN-OWNED MINORITY-OWNED MINORITY-OWNED

DISABLED BUSINESS OWNER DISABLED VETERAN DISADVANTAGED

NON-PROFIT GOVERNMENT EDUCATION

ORGANIZATION SIZE CLASSIFICATION

INDIVIDUAL SMALL - AZ (LESS THAN \$4M GROSS/YR OR LESS THAN 100 FTE)

LARGE SMALL - FEDERAL (LESS THAN \$8M GROSS/YR)

NONE OF THE ABOVE

CHECK AREAS OF SPECIALTY:

ASBESTOS REMEDIATION AUDIO/VISUAL CARPET/TILE

CONCRETE ELECTRICAL EXCAVATION

FIRE ALARM FIRE PROTECTION GENERAL

GLASS HVAC/MECH LANDSCAPE

LIGHTING PAINTING PAVING

PLUMBING ROOFING TELECOM/CABLING

TREE SERVICES

OTHER _____

PREFERRED PROJECT SIZE:

1. \$ 10,000 - \$100,000 # OF PROJECTS COMPLETED IN PAST 5 YEARS _____

2. \$100,000 - \$500,000 # OF PROJECTS COMPLETED IN PAST 5 YEARS _____

3. \$500,000 - \$2,000,000 # OF PROJECTS COMPLETED IN PAST 5 YEARS _____

4. \$2,000,000 + # OF PROJECTS COMPLETED IN PAST 5 YEARS _____

PERCENTAGE OF WORK NORMALLY ACCOMPLISHED WITH YOUR OWN FORCES: _____

PRESENT NUMBER OF PERSONNEL: _____

COMPUTER SOFTWARE USED FOR SCHEDULING PURPOSES: _____

COMPUTER SOFTWARE USED FOR DOCUMENT TRACKING PURPOSES: _____

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REFERENCES: (BANK, TRADE, PROFESSIONAL)

1. _____
[NAME] [ADDRESS] [PHONE NO.]
2. _____
[NAME] [ADDRESS] [PHONE NO.]
3. _____
[NAME] [ADDRESS] [PHONE NO.]

BY MY NOTARIZED SIGNATURE ON BEHALF OF _____ (LEGAL NAME OF FIRM)
REPRESENTS AND WARRANTS THAT I AM DULY AUTHORIZED TO EXECUTE AND DELIVER THIS STATEMENT
OF QUALIFICATIONS ON BEHALF OF _____ (LEGAL NAME OF FIRM), AND
THAT THE INFORMATION PRESENTED HEREIN IS CURRENT, ACCURATE AND COMPLETE.

[CONTRACTOR NAME OR AGENT] [DATE]

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____