## GRANT COUNTY FIRE DISTRICT 8 GARAGE PROJECT STATEMENT OF QUALIFICATIONS PROPOSAL

SOQ Proposal of			ereinafter called "PROPOSER"),	
organized and existing under the Laws of the State of Washington, doing business				
as a			·	
To <b>Grant County Fire Distr</b>	ict 8 (hereinafter called "GC	FD8"):		
The forms identified on the	e Proposer's Checklist must	be signed and included in the SOQ Proposa	l.	
The undersigned Proposer	hereby agrees that SOQ Pro	pposal(s) may or may not be accepted by GO	CFD8.	
make the selection based of		osals received, to waive informalities in the inpetitive values offered, and to select the field selection criteria.	•	
Th	e Undersigned Proposer ack	knowledges receipt of the following addend	um(s).	
Addendum No	Date:	Addendum No	Date:	
Addendum No	Date:	Addendum No	Date:	
Washington State:				
Department of La	abor & Industries Industrial	Insurance ID No.		
Department of R	evenue Tax No.			
License or Contra	actor's Registration No.			
Design Engineers	d' License No.			
		PROPOSER'S SIGNATURE_		
		TYPED NAME AND TITLE_		
		COMPANY NAME_		
		MAILING ADDRESS_		
(Seal if Proposer is a corporation)		TELEPHONE_		

## GRANT COUNTY FIRE DISTRICT 8 GARAGE PROJECT DESIGN-BUILD ENGINEER EXPERIENCE

Designer Engineer:					
Enginee	r's License Number:				
Date cu	rrent license was issued:				
List thre	e similar pre-engineered metal buildi	ngs, completed in the last 5 years requiring the services of this Engineer:			
1.	Project Name: Owner, Contact Person:				
	Phone Number:	Approximate Contract Amount:			
	Building Manufacturer:	Days to Complete:			
	Building Address:				
	Description:				
2.	Project Name:				
	Owner, Contact Person:				
	Phone Number:	Approximate Contract Amount:			
	Building Manufacturer:	Days to Complete:			
Building Address:					
	Description:				
3.	Project Name:				
	Owner, Contact Person:				
	Phone Number:	Approximate Contract Amount:			
	Building Manufacturer:	Days to Complete:			
	Building Address:				

## GRANT COUNTY FIRE DISTRICT 8 GARAGE PROJECT DESIGN-BUILD CONTRACTOR EXPERIENCE

Contractor:					
Contract	or's License Number:				
Date cur	rent license was issued:				
	, -	ngs, completed in the last 5 years by the Contractor, may be the same as the ones			
1.	r the engineer:				
1.	Project Name:				
		Acceptants Control Accepts			
		Approximate Contract Amount:			
		Days to Complete:			
	Description:				
2.	Project Name:				
۷.	-				
		Approximate Contract Amounts			
		Approximate Contract Amount:			
	-	Days to Complete:			
	Description:				
3.	Project Name:				
	Phone Number:	Approximate Contract Amount:			
		Days to Complete:			
	p				

## GRANT COUNTY FIRE DISTRICT 8 GARAGE PROJECT HISTORY OF USAGE OF OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE CERTIFIED BUSINESS

Please list the business name, subcontract date, and the subcontract amount of any OMWBE certified businesses contracted within the last five (5) years. If none, write "none" on the first line.

Name:	Date:	_Amount:		
Name:	Date:	_Amount:		
Name:	Date:	_Amount:		
Name:	Date:	_Amount:		
Name:	Date:	_Amount:		
Name:	Date:	_Amount:		
Name:	_ Date:	_ Amount:		
Name:	Date:	_ Amount:		
I swear that the information on this form is true and accurate to the best of my ability.				
Proposer's Signature				