

STATEMENT OF QUALIFICATIONS

Name of Firm _____

Name and Title of Responsible Party _____

Taxpayer ID No. or Social Security No. _____

D.B.A. _____

Street Address _____

City _____ Telephone _____

Fax _____ E-mail _____

State License No. _____ Type _____

Bank Reference _____

How Long in Business? _____

Number of Employees _____

Are you an Equal Opportunity Employer? Yes _____ No _____

How many Employees is Native American? _____

Are you Eligible to Perform Government Work?

Yes _____ No _____ State _____ Federal _____ Tribal _____

HAS ANY GOVERNMENT ENTITY OR TRIBE EVER TAKEN AN ADVERSE ACTION AGAINST YOUR COMPANY AND/OR LICENSE HOLDER BASED ON WORK PERFORMED? Yes _____ No _____

Explain Circumstances _____

Name of Insurance Carrier _____

Within the last Three Years have any Claims been filed? _____

If yes, please explain the circumstances _____

Signature of License Holder
Representative

Signature of Company
(if different)

Date

Date