

SCDO

Contractor's Statement of Qualifications

Company Name:	Minority Owned: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: _____ _____ _____	Woman Owned: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Phone: () _____ Cell: () _____ Fax: () _____ e-mail: _____
	CT. Contractor's Reg. # _____
SAM Reg. # _____	Federal ID # _____
EPA Lead Renovation, Repair and Painting Certification? Yes <input type="checkbox"/> No <input type="checkbox"/>	DUNS # _____
Are you a lead abatement Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	CT. License # _____
Are you a Section 3 Business? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have Section 3 employees? Yes <input type="checkbox"/> No <input type="checkbox"/>
Principal Owners:	(Title) SS #
	(Title) SS #
	(Title) SS #
	(Title) SS #
Number of years your firm has been in business:	Gross earnings for last year:\$ _____
Have you ever defaulted or been terminated from a contract ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
If yes please explain: _____ _____ _____	
Have you ever been barred from working on any Federal, State or City project ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
If yes please explain: _____ _____ _____	
Have you been reinstated ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____

Name and address of your insurance company: _____ _____ _____	Agents name: _____ Phone: () _____ Fax: () _____
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Present insurance coverage and limits:		Policy expiration date:	
General Liability	\$ _____	Worker's Comp	\$ _____

Are you able to secure a Performance Bond?	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____
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Name and Address of Surety Company located in CT: Contact Person: _____	_____ _____ _____ _____
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Have you ever filed for Bankruptcy under any name? Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have any tax or other liens filed or pending against you or your business? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you currently involved in any Civil or Criminal litigation or have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes Please explain: _____ _____
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List three of your most current projects:

Name:	Type of Work:
Address:	Start date: Completion date:
	Trades:
	Amount \$
Contact person:	Phone ()

Did you supervise the entire project? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Name:	Type of Work:
Address:	Start date: Completion date:
	Trades:
	Amount \$
Contact person:	Phone ()

Did you supervise the entire project? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Name:	Type of Work:
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Address:	Start date: Completion date:
	Trades:
	Amount \$
Contact person:	Phone ()
Did you supervise the entire project? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Credit Check: If selected as the lowest qualified bidder you will provide all necessary information needed to perform a personal and or a business credit check. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Note: Any false statements made on this form will be cause for dismissal of your bid & privileges with SCDO.	
Authorized Signature:	Date:

Revised 12/7/2015