

Name of Entity
Address of Entity

Phone: _____
Fax: _____

Contractor's Qualification Questionnaire
I M P O R T A N T

This questionnaire is intended as a basis for establishing the qualifications of Contractors for undertaking shore erosion control projects under the jurisdiction of the Town/County/Entity.

If a contractor has not filled in such a questionnaire and turned it over to Town/County/Entity setting forth his qualifications to the satisfaction of the Town/County/Entity, the Contractor shall be ineligible to receive drawings and specifications for bidding or for contract award for such work as may be handled through Town/County/Entity. Certification of Qualification will be valid for two calendar years only, and renewal must be applied for prior to January first of each succeeding two-year calendar period.

I. General

(a) Legal Title, Address and Telephone Number(s) of Organization:

(b) Maryland Representative's Name, Title and Address:

(c) ___ Corporation ___ Co-Partnership ___ Individual (check one)

(d) If a Corporation, please indicate:

Date of Incorporation _____ State of Incorporation _____

Title and Name of Principal Officers	Date of Assuming Position
President - _____	_____
Vice-President - _____	_____
Secretary - _____	_____
Treasurer - _____	_____

(e) If Co-Partnership, please indicate:

Date of Organization _____ Type of Partnership _____ (General, Limited or Association)

Names and Addresses of Partners

(f) If Individual, please indicate full name and address of Owner:

(g) List major items of construction equipment owned by organization (if not fully owned, so state): _____

(h) Is your firm certified as a Minority Business Enterprise with the State of Maryland?

____ Yes ____ No (check one) If yes, Certification No.: _____

(i) Please list:

Federal Employer I.D. #: _____

or, if individual, Social Security #: _____

II. Financial

(a) Give total contract value of work accomplished by your organization in each of the last three years:

20__ \$ _____ 20__ \$ _____ 20__ \$ _____

(b) Give contract value of work presently being accomplished by, or pending award to your organization: Date: _____ \$ _____

(c) Give maximum value of contract work for which you could obtain Bond: \$ _____.

III. Experience

(a) Indicate type of contracting undertaken by your organization and number of years experience:

General _____ Years Sub _____ Years Marine _____ Years

Other: _____ Type _____ Years Other: _____ Type _____ Years

(b) State construction experience of principal members of your organization:

Name	Position	No. Yrs.	Type of Work	Capacity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(c) Give any special qualifications of firm members, e.g., Registered Professional Engineer, Registered Surveyor, etc.:

(use extension sheet if necessary).

(d) List some principal projects completed by your organization; include shoreline erosion control type projects, if any.

Name of Work	General or Sub (If sub, what Type of Work)	Type of Project	Year	Owners' Name & Address
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.
_____	_____	_____	_____	_____.

- (e) 1. What is the money value of the largest project accomplished by your organization?
\$ _____
2. Maximum value in last three (3) years? \$ _____
3. Maximum value you prefer to undertake? \$ _____
4. Price range of work your organization is deemed best adapted to undertake
\$ _____ - \$ _____

(f) Is your organization licensed in the State of Maryland for the current year?
 No Yes Give date _____ and license number _____.

The above statements are certified to be true and accurate.

Signed and dated at _____, this _____ day of _____, 20____.

By _____

 Title of Person Signing

 Name of Organization