

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