

## CONTRACTOR QUALIFICATION FORM

**Contractors are responsible for checking all addenda for the final version of the Qualification Form.**

**This form must be submitted with your response to this solicitation.** If the solicitation response is received without the qualification form, the response shall be rejected.

Each Respondent must answer all of the questions and provide all requested information contained herein. Because answering all of the questions and providing all of the requested information is a requirement, any Respondent failing to meet this requirement may be deemed non-responsive at the sole discretion of the District. If a respondent is deemed non-responsive, their response will be rejected.

Before an award is made, the District reserves the right to clarify/verify qualification information submitted to determine that all qualifications listed below have been met.

If the qualification requirements listed below are not met, either on the face of the submitted information or after such clarification/verification as the District may request, then the Contractor's response shall be rejected.

1. **Requirement:** Respondent has substantially completed, as a prime contractor or a subcontractor, the work for at least one project performing tree and shrub cutting, forwarding, and sorting of similar size and scope to this project.

- List below the required information for your contract:

\* Property Owner \_\_\_\_\_  
Property Owner's Contact Person \_\_\_\_\_  
Contact Person's Telephone # \_\_\_\_\_  
Contract Administered By \_\_\_\_\_  
Contract Contact Person \_\_\_\_\_  
Contract Contact Person's Telephone # \_\_\_\_\_ Dollar Amount of Contract \_\_\_\_\_  
Substantial Completion Date \_\_\_\_\_  
Contract substantially completed under (check one):  Current Company Name  
 Previous Company Name \_\_\_\_\_

*\*The term "Property Owner" means the person or entity identified as the Owner of the property wherein the above referenced work was performed.*

2. **Requirement:** Respondent has substantially completed, as a prime contractor or a subcontractor, the work for at least one project performing collection and transportation of woody biomass material from a project of similar size and scope to this project.

- List below the required information for your contract:

\* Property Owner \_\_\_\_\_  
Property Owner's Contact Person \_\_\_\_\_  
Contact Person's Telephone # \_\_\_\_\_  
Contract Administered By \_\_\_\_\_  
Contract Contact Person \_\_\_\_\_  
Contract Contact Person's Telephone # \_\_\_\_\_ Dollar Amount of Contract \_\_\_\_\_  
Substantial Completion Date \_\_\_\_\_  
Contract substantially completed under (check one):  Current Company Name  
 Previous Company Name \_\_\_\_\_

*\*The term "Property Owner" means the person or entity identified as the Owner of the property wherein the above referenced work was performed.*

**CONTRACTOR QUALIFICATION FORM - CONTINUED**

3. Requirement: The Contractor's appointed supervisor for this project must have documented experience in tree management, tree and shrub identification, and project management. Describe experience, education, certifications and licensure to meet this requirement.

Appointed Supervisors Name: \_\_\_\_\_

Experience, education, certifications and licensure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Requirement: Respondent has not had a contract terminated due to default or withdrawal in the last 24 months.

- My company has had a contract terminated in the last 24 months. \_\_\_\_Yes \_\_\_\_No

CERTIFICATION – By signing this statement, I certify that the information provided above is complete and accurate.

\_\_\_\_\_  
Prime Contractor Company Name

\_\_\_\_\_  
Authorized Signature