



Contractor's Qualification Statement Gravity Sanitary Sewer

THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES: CONSULTATION WITH AN ATTORNEY IS ENCOURAGED WITH RESPECT TO ITS COMPLETION.

SUBMITTED TO: CITY OF CALHOUN
UTILITIES ENGINEERING
ADDRESS: 700 W. LINE STREET
CALHOUN, GA 30701

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

DATE:
SUBMITTED BY:
NAME:
ADDRESS:

Corporation
Partnership
Individual
Joint Venture
Other

PRINCIPAL OFFICE:

GENERAL CHARACTER OF WORK PERFORMED BY YOUR COMPANY:

1. ORGANIZATION

- 1.1 How many years has your organization been in business as a Contractor?
- 1.2 How many years has your organization been in business under its present business name?
 - 1.2.1 Under what other or former names has your organization operated?

1.3 If your organization is a corporation, answer the following:

1.3.1 Date of incorporation:

1.3.2 State of incorporation:

1.3.3 President's name:

1.3.4 Vice-president's name(s):

1.3.5 Secretary's name:

1.3.6 Treasurer s name:

1.4 If your organization is a partnership, answer the following:

1.4.1 Date of organization:

1.4.2 Type of partnership (if applicable):

1.4.3 Name(s) of general partner(s):

1.5 If your organization is individually owned, answer the following:

1.5.1 Date of organization:

1.5.2 Name of owner:

1.6 If the form of your organization is other than those listed above, describe it and name the principals:

2. LICENSING

2.1 List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

2.2 List jurisdictions in which your organization's partnership or trade name is filed.

3. EXPERIENCE

3.1 List the categories of work that your organization normally performs with its own forces.

3.2 Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

3.2.1 Has your organization ever failed to complete any work awarded to it?

3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

3.2.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)

3.4 State the average annual worth of construction work performed during the past five years:

3.5 On a separate sheet, list major construction projects your organization has in progress, giving the name of project, owner, engineer, contact phone number, contract amount, percent complete and scheduled completion date.

3.5.1 State total worth of work in progress and under contract:

3.6 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

4. COMPANY EXPERIENCE ON SIMILAR PROJECTS

4.1 Provide three letters of reference regarding the ability of your company to complete pipe projects of a similar nature to that being bid. The letters must be from the Local Public Agency with jurisdiction in the location of the projects.

4.2 On the following forms, describe the major projects your organization has completed in the past five years that are of a similar nature to that being Bid. Fully complete each form giving the name of project, owner, engineer, contact phone number, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

Qualifying experience for sanitary sewer work must include the following:

The satisfactory completion of at least four (4) gravity sewer projects consisting of 8" or larger gravity sewer and appurtenances, 1,000 linear feet or more, within the past five (5) years. A portion of one (1) of these projects must have been constructed within right-of-way and/or through a road intersection, and required traffic diversion/maintenance. One (1) of the projects shall have had rock excavation. Additionally, one (1) of these projects will have been a project in which the applicant constructed a gravity sewer in an established neighborhood and involved the restoration of landscaped yards. Two (2) of these projects will have involved coordination and work in conjunction with other existing utilities. One (1) of these projects will have included raw sewage bypass. Further, the applicant must have been the primary contractor with at least 50% of the work performed by personnel directly employed by the applicant for all of the four (4) projects listed in this section.

APPLICATION FOR ANNUAL PREQUALIFICATION

COMPANY NAME:

Project No. 1	
Project Name:	
Location:	
Address:	
Contact Person:	
Contact Number:	
Project Engineer:	
Address:	
Contact Number:	
<u>Contract Dates:</u>	
Notice to Proceed Date:	Date of Final Completion:
Description of Gravity Sanitary Sewer Mains	
Pipe Sizes:	
Number of Manholes:	
Pipe Material:	
Pipe Length:	
Was this a gravity sewer main that was constructed within the R.O.W. and/or at a road intersection? YES: _____ NO: _____	
Did this project require traffic diversion/ maintenance within the R.O.W. and/or at a road intersection? YES: _____ NO: _____	
Did this project include the adjustment of manhole rings & covers? YES: _____ NO: _____	
Did this project include rock excavation? YES: _____ NO: _____	
Was this a gravity Sewer main that was constructed in an established neighborhood? YES: _____ NO: _____	
Did this project include the restoration of landscaped yards? YES: _____ NO: _____	
Did this project include the coordination and work in conjunction with other utilities? YES: _____ NO: _____	
Did this project include raw sewage by-pass? YES: _____ NO: _____	
Were you a licensed utility contractor on this project? YES: _____ NO: _____	
Comments:	

APPLICATION FOR ANNUAL PREQUALIFICATION

COMPANY NAME:

Project No. 2	
Project Name:	
Location:	
Address:	
Contact Person:	
Contact Number:	
Project Engineer:	
Address:	
Contact Number:	
<u>Contract Dates:</u>	
Notice to Proceed Date:	Date of Final Completion:
Description of Gravity Sanitary Sewer Mains	
Pipe Sizes:	
Number of Manholes:	
Pipe Material:	
Pipe Length:	
Was this a gravity sewer main that was constructed within the R.O.W. and/or at a road intersection? YES: _____ NO: _____	
Did this project require traffic diversion/ maintenance within the R.O.W. and/or at a road intersection? YES: _____ NO: _____	
Did this project include the adjustment of manhole rings & covers? YES: _____ NO: _____	
Did this project include rock excavation? YES: _____ NO: _____	
Was this a gravity Sewer main that was constructed in an established neighborhood? YES: _____ NO: _____	
Did this project include the restoration of landscaped yards? YES: _____ NO: _____	
Did this project include the coordination and work in conjunction with other utilities? YES: _____ NO: _____	
Did this project include raw sewage by-pass? YES: _____ NO: _____	
Were you a licensed utility contractor on this project? YES: _____ NO: _____	
Comments:	

APPLICATION FOR ANNUAL PREQUALIFICATION

COMPANY NAME:

Project No. 3	
Project Name:	
Location:	
Address:	
Contact Person:	
Contact Number:	
Project Engineer:	
Address:	
Contact Number:	
<u>Contract Dates:</u>	
Notice to Proceed Date:	Date of Final Completion:
Description of Gravity Sanitary Sewer Mains	
Pipe Sizes:	
Number of Manholes:	
Pipe Material:	
Pipe Length:	
Was this a gravity sewer main that was constructed within the R.O.W. and/or at a road intersection? YES: NO:	
Did this project require traffic diversion/ maintenance within the R.O.W. and/or at a road intersection? YES: NO:	
Did this project include the adjustment of manhole rings & covers? YES: NO:	
Did this project include rock excavation? YES: NO:	
Was this a gravity Sewer main that was constructed in an established neighborhood? YES: NO:	
Did this project include the restoration of landscaped yards? YES: NO:	
Did this project include the coordination and work in conjunction with other utilities? YES: NO:	
Did this project include raw sewage by-pass? YES: NO:	
Were you a licensed utility contractor on this project? YES: NO:	
Comments:	

APPLICATION FOR ANNUAL PREQUALIFICATION

COMPANY NAME:

Project No. 4	
Project Name:	
Location:	
Address:	
Contact Person:	
Contact Number:	
Project Engineer:	
Address:	
Contact Number:	
<u>Contract Dates:</u>	
Notice to Proceed Date:	Date of Final Completion:
Description of Gravity Sanitary Sewer Mains	
Pipe Sizes:	
Number of Manholes:	
Pipe Material:	
Pipe Length:	
Was this a gravity sewer main that was constructed within the R.O.W. and/or at a road intersection? YES: _____ NO: _____	
Did this project require traffic diversion/ maintenance within the R.O.W. and/or at a road intersection? YES: _____ NO: _____	
Did this project include the adjustment of manhole rings & covers? YES: _____ NO: _____	
Did this project include rock excavation? YES: _____ NO: _____	
Was this a gravity Sewer main that was constructed in an established neighborhood? YES: _____ NO: _____	
Did this project include the restoration of landscaped yards? YES: _____ NO: _____	
Did this project include the coordination and work in conjunction with other utilities? YES: _____ NO: _____	
Did this project include raw sewage by-pass? YES: _____ NO: _____	
Were you a licensed utility contractor on this project? YES: _____ NO: _____	
Comments:	

5. REFERENCES

5.1 Trade References:

5.2 Bank References

5.3 Surety:

5.3.1 Name of bonding company:

5.3.2 Name and address of agent:

6. STATEMENT OF EQUIPMENT

List machinery and other equipment available to Contractor for prosecuting the work included in Contract. The machinery and equipment proposed for prosecuting the work shall be of adequate size and number and shall be in good working condition so as not to delay the work. The Owner reserves the right to require the Contractor to remove from the work any equipment the Owner judges to be inadequate or in poor working condition.

KIND	SIZE	CAPACITY	AGE	AVERAGE EFFICIENCY (%)	LOCATION	OWNERSHIP	DATE ON SITE

7. SIGNATURE

7.1 Dated at this _____ day of _____

Name of Organization: _____

Name of Corporate Officer or Partner (Print): _____

By (Signature of Officer or Partner): _____

Title: _____

7.2

County of _____

State of _____

_____, being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this ____ day of _____.

Notary Public: _____

My Commission Expires: _____