

STATEMENT OF CONTRACTOR'S QUALIFICATIONS

Each contractor submitting statements of qualifications for the Small Works Roster shall prepare and submit the following data:

1. Name of Contractor: _____ Phone no.: _____

Email Address: _____ Fax no.: _____ Mobile no.: _____

2. Business Address: _____

3a: How many years have you been engaged in the contracting business under the present firm name: _____

3b: Have you conducted business under any other previous business names? Yes ___/No ___

If so list prior business names: _____

4.*Specific character of work performed/requested by your company: _____

5. *List work references on projects completed within the past two (2) years: _____

6*List your major equipment: _____

7. Washington State Contractor License Number: _____

8. Washington State Tax Number: _____

9. Minority and Women-owned Business: _____ MBE _____ WBE
(Information requested is a bona fide occupational qualification pursuant to RCW 35.22.620(2)(b) and WAC 162.12.135)

10. Type of Ownership: _____ Corporation _____ Single Proprietorship

11. List all convictions for a crime arising from the performance of a public contract for which the date of conviction or prison release, whichever is more recent, is within seven (7) years of the date of this statement:

Are you involved in any lawsuits at this time? ___ Yes ___ No
If so, please attach separate sheet listing details.

I, the undersigned, do hereby certify under penalty of perjury, that I have no previous record of default in the performance of or failed to complete a written public contract. I hereby acknowledge that I have read and truthfully completed this statement and to the best of my knowledge, the information provided is true and accurate. **Initial:** _____

Print Name and Title

Authorized Signature

Date

*Attach additional sheets if necessary