

# SCDO

## Contractor's Statement of Qualifications

Company Name:		Minority Owned: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address: _____ _____ _____		Woman Owned: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Phone: ( ) _____ Cell: ( ) _____ Fax: ( ) _____ e-mail: _____	
		CT. Contractor's Reg. # _____	
SAM Reg. # _____		Federal ID # _____	
EPA Lead Renovation, Repair and Painting Certification? Yes <input type="checkbox"/> No <input type="checkbox"/>		DUNS # _____	
Are you a lead abatement Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>		CT. License # _____	
Are you a Section 3 Business? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have Section 3 employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Principal Owners:		(Title)	SS #
		(Title)	SS #
		(Title)	SS #
		(Title)	SS #
Number of years your firm has been in business:		Gross earnings for last year:\$ _____	
Have you ever defaulted or been terminated from a contract ?		Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
If yes please explain: _____ _____ _____			
Have you ever been barred from working on any Federal, State or City project ?		Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
If yes please explain: _____ _____ _____			
Have you been reinstated ?		Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
Name and address of your insurance company: _____ _____		Agents name: _____ Phone: ( ) _____ Fax: ( ) _____	
Present insurance coverage and limits:		Policy expiration date:	
General Liability	\$ _____	Worker's Comp	\$ _____

Are you able to secure a Performance Bond?	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____
Name and Address of Surety Company located in CT: Contact Person: _____	_____ _____ _____

Have you ever filed for Bankruptcy under any name? Yes  No

Do you have any tax or other liens filed or pending against you or your business? Yes  No

Are you currently involved in any Civil or Criminal litigation or have you ever been convicted of a crime?  
Yes  No

If Yes Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

List three of your most current projects:

Name:	Type of Work:
Address:	Start date: Completion date:
	Trades:
	Amount \$
Contact person:	Phone ( )

Did you supervise the entire project? Yes  No

Name:	Type of Work:
Address:	Start date: Completion date:
	Trades:
	Amount \$
Contact person:	Phone ( )

Did you supervise the entire project? Yes  No

Name:	Type of Work:
Address:	Start date: Completion date:
	Trades:
	Amount \$
Contact person:	Phone ( )

Did you supervise the entire project? Yes  No

Credit Check: If selected as the lowest qualified bidder you will provide all necessary information needed to perform a personal and or a business credit check.    Yes     No

Note: Any false statements made on this form will be cause for dismissal of your bid & privileges with SCDO.

Authorized Signature:

Date:

*Revised 12/7/2015*