

NAMED SUBCONTRACTOR
BIDDER'S QUALIFICATION STATEMENT
MUST BE SUBMITTED WITH THIS FORM

If a question or request for information does not pertain to your organization in any way, use the symbol "NA" (Not Applicable). Use additional 8 1/2" x 11" sheets with your letterhead as necessary.

1. Indicate exactly the name by which this organization is known:

Name: _____

2. How many years has this organization been in business under its present business name?

Years: _____

3. How many years has this organization been in business as a Subcontractor?

Years: _____

4. If this organization has not always been a Subcontractor, list the trade(s) that your firm customarily performed prior to the time that you became a Subcontractor:

4.1 _____
4.2 _____
4.3 _____

5. Indicate all other names by which this organization has been known and the length of time known by each name:

5.1 _____
5.2 _____
5.3 _____

6. This firm is a:

Corporation
Partnership
Sole Proprietorship
Joint Venture
Other _____

7. Attach resumes of all supervisory personnel, such as Principals, Project Managers, and Superintendents, who will be directly involved with the project on which you are now a bidder. Indicate the number of years of construction experience and number of years of which they were in a Supervisory capacity.

8. List all sub-trades which your firm customarily performs with own employees – **this table must be completed for electrical and mechanical trades for all projects, and also for all named trades for threshold projects.**

	Trade	Name of License holder	State of CT D.C.P. License/Registration No. Format: Prefix-Number-Suffix
8.1			
8.2			
8.3			
8.4			
8.5			

9. **Trade References:** Names, addresses and telephone numbers of several firms with whom your organization has regular business dealings (attach separate sheets as necessary):

10. **All** Construction Projects your organization has in process (attach separate sheets using the following format as necessary):

10.1 Specific Title & Location: _____

10.2 Contract Amount: _____

10.3 Description of your scope of work performed: _____

10.4 Owner: _____

10.5 General Contractor: _____

10.6 Designer: _____

10.7 Start Date: _____

10.8 Finish Date: _____

*10.9 Any complaint on Quality or Management: _____

10.10 Owners Representative: _____
(Name) Telephone Number

10.11 G.C. Representative: _____
(Name) Telephone Number

***Please attach a separate sheet explaining any negative entry in this row.**

11. All Construction Projects your organization has completed in the past five years or the 20 projects most recently completed (attach separate sheets using the following format as necessary):

11.1 Specific Title & Location: _____

11.2 Contract Amount: _____

11.3 Description of your scope of work performed: _____

11.4 Owner: _____

11.5 General Contractor: _____

11.6 Designer: _____

11.7 Start Date: _____

11.8 Finish Date: _____

*11.9 Any complaint on Quality or Management: _____

11.10 Owners Representative: _____
(Name) Telephone Number

11.11 G.C. Representative: _____
(Name) Telephone Number

***Please attach a separate sheet explaining any negative entry in this row.**

12. Has your organization ever failed to complete a contract, or has any officer or partner of your organization ever been an officer or partner of another organization that failed to complete a contract? If so, indicate the circumstances leading to the project failure and the name of the company which provided the bonding for the failed contract(s):

13. List all legal or administrative proceedings currently pending or concluded adversely within the last five years which relate to procurement or performance of any public or private construction contracts. (Exclude OSHA violations which are called for elsewhere in this statement).

13.1 Attached:

13.2 N/A:

14. List all willful or serious violations of any Occupational Safety and Health Act (OSHA) or of any standard, order or regulation promulgated pursuant to such act, during the three year period preceding the bid, provided such violations were cited in accordance with the provisions of any State Occupational Safety and Health Act or Occupational Safety and Health Act of 1970. Indicate whether these were abated within the time fixed by the citation or whether the citation was appealed. If appealed what is the status or disposition.

14.1

14.2

14.3

15. Has your organization had any criminal convictions related to the injury or death of any employee in the three-year period preceding the bid. Please list any such convictions below.

15.1

15.2

15.3

Dated at _____

Signed this _____ day of _____, 20____

Name of Organization: _____

Signature _____

(Print Name) _____

Title _____

Notary Statement:

Mr./Mrs./Ms. _____ being duly sworn

deposes and says that he/she is the _____ of
(Position or Title)

_____, and that the answers to the foregoing
(Firm Name)

questions and all statements therein contained are true and correct.

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public _____

My Commission Expires _____, 20____

This form must be submitted for each of the Named Subcontractors, within ten (10) calendar days from the bid opening, to the State of Connecticut, Department of Administrative Services Procurement Services, 165 Capitol Ave. Hartford, CT 06106, Room G-35.

END OF SECTION