

WORK EXPERIENCE QUALIFICATION

PORT OF KENNEWICK
CLOVER ISLAND WEST CAUSEWAY

This form must be included as part of the bid proposal. As an alternate to completing the information on this form, current prequalification status with the Washington State Department of Transportation, will be considered. To claim that status, enter such in section III of this form, sign and notarize these pages for inclusion into the bid proposal.

Please Type or Print all Information

I. Current Projects (Same Class as this Project) Personnel (Section III) are Involved in				
Contract \$ Amt	Work Class	Sub or Prime	Title/Contract #	Contracting Agency

II. Previous Projects (Same Class as this Project) Personnel (Section III) are Involved in				
Contract \$ Amt	Work Class*	Sub or Prime	Title/Contract #	Contracting Agency

- See Attached listing

IV. Have you ever failed to complete any work awarded to you? If yes, state where and why.

V. Has your firm ever been cited for violation or fined for permit violations? If yes, state where and why.

Work Experience Qualification Form (page 2 of 2)

III. Construction Experience of Full Time Personnel (incl. Superintendents and Foreman)				
Name	Present Position	Yrs of Constr Experience	Largest Contract Dollar Value	Position Held

VII. Equipment (available for this project), Ownership Code: "O" = Own, "R" = Rent, "L" = Lease				
Quantity	Description (Size, Capacity, etc)	Ownership	Yrs in Service	Present Location

Affidavit:

The undersigned, being duly sworn, deposes and says that the foregoing is a true statement of facts concerning the sole proprietorship, corporation, co-partnership or joint-venture herein named, as of the date indicated; that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the Contracting Agency to award the said firm or individual a contract; and that any depository, vendor, or other agency herein named is hereby authorized to supply the Contracting Agency or its agent with any information to verify this statement.

Printed Name: _____ Authorized
 Signature: _____

Printed Name: _____ Authorized
 Signature: _____

Subscribed and sworn to me this _____ day of _____ 19 _____.

 NOTARY PUBLIC in and for the State of
 Washington, residing at _____