

EXPERIENCE QUESTIONNAIRE INSTRUCTIONS: See Box 11, Remarks, if extra space is needed to answer any item below. Mark "X" in appropriate boxes.	1. CONTRACTOR NAME, ADDRESS AND TELEPHONE NUMBER
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2. SUBMITTED TO (Office Name and Address)	3. BUSINESS Y Company Y Corporation Y Non-profit Organization	Y Co-partnership Y Individual	4. How many years do you or your firm have in the line of work contemplated by this solicitation?
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5. How many years experience in contracting have you or your business had as a (a) prime contractor _____ and/or (b) sub-contractor _____?

6. List below the projects your business has completed within the last five (5) years which are similar in scope and scale to this job.

CONTRACT AMOUNT	TYPE OF PROJECT	DATE COMPLETED	NAMES, ADDRESS AND TELEPHONE NO. OF OWNER/PERSON TO CONTACT FOR PROJECT INFORMATION

7. List below all of your firm's contractual commitments running concurrently with the work contemplated by this solicitation:

CONTRACT NUMBER	DOLLAR AMOUNT	NAME, ADDRESS AND TELEPHONE NO. OF BUSINESS/GOVERNMENT AGENCY INVOLVED	AWARDED (units)	PERCENT COMPLETED	DATE CONTRACT COMPLETED

8a. Have you ever failed to complete any work awarded to you? Y Yes Y No

8b. Has work ever been completed by performance bond? Y Yes Y No

8c. If "Yes" to either item 8a or 8b specify location(s) and reason(s) why:

9. Organization and work that will be available for this project:

a. (1) Minimum number of employees: _____ and (2) Maximum number of employees: _____

b. Are employees regularly on your payroll: Y Yes Y No

c. Specify equipment available for this contract: _____

d. Estimate rate of progress below (such as 2.0 acres/man/day):

(1) Minimum progress rate: _____ and (2) Maximum progress rate: _____

10. List below the experience of the principal individuals of your business:

INDIVIDUAL'S NAME	PRESENT POSITION	YEARS OF EXPERIENCE	MAGNITUDE AND TYPE OF WORK

11. **REMARKS - SPECIFY BOX NUMBERS** (Attach sheets if extra space is needed to fully answer any of the above questions.)

<p align="center">CERTIFICATION</p> <p>I certify that all of the statements made by me are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the District with any information needed to verify my capability to perform this project.</p>	12a. CERTIFYING OFFICIAL'S NAME AND TITLE	
	12B. SIGNATURE (Sign in ink)	13. DATE