

University of Colorado Boulder

CONTRACTOR'S STATEMENT OF EXPERIENCE

Project Name:
Project No.

Project Manager: Phone: Email:

Architect/Engineer:

This is a project specific qualification form. Contractor must fill this out on each project.



BUILD Boulder

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INFORMATION FORM

STATEMENT OF			
(C	ontractor)		
ADDRESS_			
ADDRESS(Street or PO Box)		(City)	(State) (Zip)
TELEPHONE/FAX NO.			
TELEPHONE/FAX NO(telephone		(fax)	
DATE OF EXPERIENCE STATEMENT _			
PRINCIPLE OWNER/OFFICER (Na			
(Na	mes(s) and Of	ficial Title(s))	
Please indicate below if your company qu	ualifies as one	of the following	g:
Minority Business Enterprise (MBE)	YES	NO	
Justification:			
-			
Marson Owned Dusiness Enterprise (ME	DEWEO	NO	
Woman-Owned Business Enterprise (WE	DE)1ES	NO	
Justification:			
			
0	\/F0	NO	
Small Business Enterprise (SBE)	YES	NO	
Justification:			
Disadvantaged Dusiness Enterprise (DDI	T) VEC	NO	
Disadvantaged Business Enterprise (DBI	E) YES	NO	
Justification:			

TYPES OF WORK

- (1) If you are a General Contractor interested in bidding on all types of construction, mark "All Classes of Construction" only.
- (2) If you are interested in contracting directly with the University for certain types of work only, mark in the column provided after the particular types of work on which you wish to bid.

TYPES OF WORK	MARK WITH (X)
All Classes of Construction	
2. General	
3. Mechanical	
4. Electrical	
5. Excavating and Grading	
6. Concrete	
7. Structural Steel	
8. Steel and Miscellaneous Iron	
9. Painting and Decorating	
10. Laboratory Equipment	
11. Elevator Installation	
12. Plumbing	
13. Heating and Ventilating	
14. Air Conditioning	
15. Boiler and Equipment	
16. Environmental (Describe)	
17. Other (Describe)	
18. Other (Describe)	
19. Other (Describe)	
20. Other (Describe)	

IDENTIFICATION

(The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to questions hereinafter made.)

LE	GAL NAME					
PR	RINCIPAL OFFICE					
		(Street or PC	Box)	(City)	(State)	(Zip)
	A Corporation	A Cop	artnership	An	IndividualCo	mbination
		GEN	NERAL INFO	ORMATION		
A.	Are you licensed	as a contracto	r?	Yes()	No ()	
	Licensed in the name of		Location (City or Sta	ate)	_	ense No. - ype
B.	How many years present business					under your
C.	How many years your organization	experience in had?		(Type)	construction	on work has
	(a) As a prime co	ontractor?		(b) As a s	subcontractor?	
D.	Have you or your contract?		or any office	r or partner the	reof, failed to c	omplete a
	If so, give details					
E.	If you have a con show names ther		t in any firms	s presently qua	lified with the U	Iniversity,
F.	We normally perf	orm	% of the w	ork with our ow	n forces.	
	List trades:					
	Where qualification	on is based on	a combinati	on of soveral o	rganizations	how tho

experience and equipment of the combined organizations.

G.	Has your firm been involved in any litigation in the past five (5) years? Yes () No () If yes, explain (listing type, kind, plaintiff, defendant, etc. and state the current status).
H.	Are there any activities or interests of officers, principle stockholders, or employees of your firm or other factors which would place your firm and the University of Colorado at Boulder in a position of "Conflict of Interests"? Yes () No () If yes, or in doubt, explain.
I.	Has your firm ever been involved in any bankruptcy action as a bankrupt? Yes () No () If yes, explain.

PERSONNEL OF ORGANIZATION

1.	Name the persons with whom you have been associated in business as partners or business associates in each of the last five (5) years.					

2. Show the construction experience of the principal individuals of your present organization in the following tabulation:

			1	,
	Present Position or	Years of		
	Office in Your	Construction	Magnitudes and	
Individual's Name	Organization	Experience	Type of Work	In What Capacity

PROJECT EXPERIENCE

Show the projects your organization has completed during the last five years in the following tabulation:

Year Completed	Project	Type of Work (See Page 2)	Location	Contract Value	Contracting Authority	In what Capacity

WORK CURRENTLY UNDER CONTRACT

Expected Completion Date	Project	Type of Work (See Page 1)	Location	Contract Value	Contracting Authority	Architect or Engineer

SURETIES

List the Surety Companies that have bonded your work for the past five (5) years:

Name of Surety and Name and Address	Project	Period of	Period of	0
of Agent	and Location	Bond From	Bond To	General Comments
or rigorit	Location	1 10111	10	

CORPORATION / CO-PARTNERSHIP

CORPORATION: (If a corporation, answer	r this:)			
When Incorporated				
In What State				
President's Name				_
Vice President's Name				
Secretary's Name				
Treasurer's Name				
CO-PARTNERSHIP: (If a co-partnership, ans	wer this:)			
Date of Organization				
State whether partnersh	ip is general,	limited, or ass	ociation	
Name and address of ea	ach partner:			
(name)		•		(name)
(address))	•		(address)
		-		

WHERE QUALIFICATION IS BASED ON A COMBINATION OF ORGANIZATIONS, THE APPROPRIATE (ATTACHED) AFFIDAVITS MUST BE EXECUTED FOR EACH MEMBER OF SUCH COMBINATION.

AFFIDAVIT FOR CORPORATION

				_certifies and s	ays: That he is
(N	lame of offic	er)			·
		of the			
(C	Official capac	ity)			
corporation submethat the same is inducing the Univand that any ven University of Colofurthermore, sho his/her condition University work university and declaration and declaration and declaration that the condition of the condi	true of his/he versity of Col dor, or other orado with a uld this state in any subst intil it shall h	er own knowledge lorado to supply agency therein any information rement at any time antial respect, if ave submitted a	ge: that the single the submitton in named is here to be ceased to proper the ceased and a revised a	tatement is for the reby authorized reby authorized referring the statem operly and truly om further bidding corrected staten	he purpose of specifications, to supply the nent: and that represent ng on nent.
Subscribed on _	(date)	_ at (city)	,(county)	_, State of	
NOTE: Use full		ime and			
			(Office	er must sign here	∌)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.

AFFIDAVIT FOR CO-PARTNERSHIP

	certifies and says: That he/she is a
partner of (Name of partner)	
(Name of partier)	
the partnership of	: That said partnership
(Name of Firm	n)
submitted this statement of experience: that he/sh same is true of his/her own knowledge: that the st the University of Colorado to supply the submittor of any vendor, or other agency therein named is here of Colorado with any information necessary to ver furthermore, should this statement at any time cea condition of said firm in any substantial respect, it of University work until they shall have submitted a restricted and declare under penalty of perjury that the	atement is for the purpose of inducing with plans and specifications, and that by authorized to supply the University ify the statement: and that se to properly and truly represent the will refrain from further bidding on evised and corrected statement.
Cuba ariba dan	Ctata of
Subscribed on at,(city) ,(c	county)
The foregoing statement and affidavit are hereby offered.	
	(Member of Firm must sign here)
	(Title)
	()
(Remaining members of Firm sign here)	(Name of Firm)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.

AFFIDAVIT FOR INDIVIDUAL

doir	ng business	
(Name of individual)	(Name of Firm)	
certifies and says: That he/she is the person submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado to supply the submittor with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.		
I certify and declare under penalty of perjury that the foregoing is true and correct:		
Subscribed on at,,	(county), State of	
NOTE: Statement will be returned unless affidavit is completed in EVERY respect.	(Applicant must sign here)	

BIDDING INFORMATION

QUALIFICATION

The University of Colorado will qualify or disqualify a Contractor on the basis of:

- (1) The information contained in this statement and
- (2) Past contract experience with the University.

NOTIFICATION

The University of Colorado will, in writing, notify Contractors of their qualification or disqualification.

END