Local Agency Contractor Prequalification Questionnaire and Affidavit for Region Ad and Award Contracts ($100,000 or Less)

Date	Submitted By	Business License No.
Address ((Street)		Telephone No.
City	State	Zip

Prequalification Requested For (Identify project by advertised name)

What is the Value of Your Firm's Assets (Net Worth)? **$**

List Two Similar Projects Your Firm Has Completed in the Last Year. Give Owner's Name and Telephone Number.

1.

Owner: Telephone No.:

2.

Owner: Telephone No.:

Were the projects listed above completed on time? ☐ Yes ☐ No

Does your firm owe any monies on any projects which were completed within the last year? (If Yes, provide a separate statement.) ☐ Yes ☐ No

Have you or your firm been convicted of any criminal act involving a contractor or contracts? (If Yes, provide a separate statement.) ☐ Yes ☐ No

Affidavit

State of County of

The undersigned, being duly sworn, deposes and says that the foregoing is a true statement of facts concerning the firm (or individual 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 to award the firm (or individual) a contract and that the depository, vendor, or other agency herein named is hereby authorized to supply or its agents with any information necessary to verify this statement.

Name of Firm (***Be Exact***): _____

_____ Authorized Signature

_____ Authorized Signature

_____ Authorized Signature

_____ Authorized Signature

Sworn to before me this

_____ day of _____ , 20 _____

_____ (Notary Public)

Corporate Seal(s)

Notary Seal

Approved By _____ Region Administrator

Date _____

SR

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