



## CONTRACTOR'S DATA SHEET

Name of Contractor or Organization: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Phone Number \_(\_\_\_\_)\_\_\_\_\_

Corporation  
Partnership  
Individual

Name of Officers of Organization: \_\_\_\_\_

Name	Title
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Name	Title
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License Number (s): \_\_\_\_\_ Classification \_\_\_\_\_ Engineering Class "A"  
C-34 Specialty

1. How many years has your organization been in business as a general contractor under your 1) present business name \_\_\_\_\_ and 2) present license (s)? \_\_\_\_\_
  
2. How many years' experience in water and/or sewer pipeline construction work has your organization had (a) as a general contractor \_\_\_\_\_ (b) as a sub-contractor? \_\_\_\_\_
  
3. List below the applicable projects your organization has completed most recently.

Project Completed			Pipe Size	Total Length	Type of Pipe	Contract Cost
No.	Year	For				
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

(Use additional sheet if necessary)

4. List names and addresses of persons to be contacted for information on projects listed in item 3.

No.	Name of Owner	Name, Address, Telephone Number of person to be contacted
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

5. Have you ever failed to complete any work awarded to you? \_\_\_\_\_ If so, where, when, and why? \_\_\_\_\_

\_\_\_\_\_

6. Have you ever filed bankruptcy? \_\_\_\_\_ If so, state details on separate sheet.

7. Have you ever been cited for violation of Cal-OSHA regulation? \_\_\_\_\_ If so, state on separate sheet where, when, why, and whether a minor or major violation.

8. Have you ever had a lien against you? \_\_\_\_\_ Have you ever had to obtain a lien against someone? \_\_\_\_\_ If so, Where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Can you provide letters of recommendation from previous contractual agreements? \_\_\_\_\_ If so, please attach letters to this form.

I hereby authorize JURUPA COMMUNITY SERVICES DISTRICT of Riverside County to obtain information concerning me or my organization from any source including former clients. I certify that the foregoing information obtained in this Experience Questionnaire is true and correct to the best of my knowledge.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Type or Print Name clearly \_\_\_\_\_