

Appendix U

Contractor's Data Sheet

JURUPA COMMUNITY SERVICES DISTRICT

CONTRACTOR'S DATA SHEET

Name of Contractor or Organization: _____

Principal Office Address _____
 Phone Number (____) _____

Corporation
 Partnership
 Individual

Names of Officers of Organization _____
 Name Title

 Name Title

License Number(s) _____ Classification _____ Engineering Class "A"
 _____ C-34 Specialty or C42 Sanitation System

- How many years has your organization been in business as a general contractor under your 1) present business name? _____ and 2) present license(s)? _____
- 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 _____
- List below the applicable projects your organization has completed most recently.

Project Completed			Pipe Sizes	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)

- 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		

- Have you ever failed to complete any work awarded to you? _____ If so, where, when and why? _____

- Have you ever filed bankruptcy? _____ If so, state details on separate sheet.

- Have you ever been cited for violation of Cal-OSHA regulations? _____ 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, when and why? _____

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 _____