

UPGRADE 3.1+-TON LIEBERT INDOOR AC UNIT LOCATED AT HALE AUHAU'S SECOND  
FLOOR SERVER ROOM  
CSD-23-008-O

**QUALIFICATION FORM**  
for

**UPGRADE 3.1+ - TON LIEBERT INDOOR AC UNIT LOCATED AT HALE AUHAU'S 2<sup>ND</sup>**  
**FLOOR**

The offeror and his personnel shall meet the Experience and Personnel Qualifications as indicated in the Special Provisions of this bid. Please complete this form as fully and explicitly as possible to facilitate our evaluation of your firm. Use additional sheets and substantiating documents when necessary.

A. Exact Legal Name of Contractor:

\_\_\_\_\_

Oahu Business Location:

\_\_\_\_\_ Street Address

\_\_\_\_\_ City State Zip Code

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No. of Contact Person: \_\_\_\_\_  
(if different from above)

Cell Phone No. of Contact Person: \_\_\_\_\_

Contact Person and Phone No. for emergency calls during **regular** workings hours (if different from above): \_\_\_\_\_

Offeror \_\_\_\_\_  
Name of Company

**B. CONTACT INFORMATION IN CASE OF EMERGENCY – AFTER HOURS:**

Contact Person: \_\_\_\_\_

Telephone No. of Contact Person: \_\_\_\_\_

Cell Phone No. of Contact Person: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

- I. Contractor's number of consecutive years of experience (immediately prior to bid opening date) in all aspects of ventilation and AC installation and testing of AC equipment.

Number of years: \_\_\_\_\_

Are services to be rendered by company employees similar or equal to public officers and employees listed in the attached employee classification descriptions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list positions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- II. List at least one (1) journeyman (union or non-union) who will be assigned to this contract to perform inspection, one-year warranty work, and testing of AC unit. Each journeyman must have a minimum of five (5) consecutive years (immediately prior to bid opening) of maintenance and repair experience on types of equipment as indicated in the Specifications.

1. Journeyman's Name: \_\_\_\_\_

a. Number of years of experience: \_\_\_\_\_

b. Number of years with present employer: \_\_\_\_\_

c. Title of and date that course of studies completed: \_\_\_\_\_

\_\_\_\_\_

Offeror \_\_\_\_\_  
Name of Company

d. Names and Dates of previous employers the journeyman has performed AC work:

<u>Dates</u>	<u>Employers</u>
_____	_____
_____	_____
_____	_____

d. Names and Dates of previous employers the journeyman worked for and performed AC work:

<u>Dates</u>	<u>Employers</u>
_____	_____
_____	_____
_____	_____

IV. REFERENCES

Offeror shall list at least five (5) references in the State of Hawaii other than the State of Hawaii government, for whom offeror has performed AC installation, warranty, and inspection work.

The State reserves the right to reject a bid submitted by any offeror whose performance on other jobs for this type of service has been proven unsatisfactory.

<u>Name of Firm</u>	<u>Address</u>	<u>Contact Person</u>	<u>Telephone</u>	<u>Annual Project Vol.</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

