

QUALIFICATION FORM PART B
for

WATER TREATMENT SERVICE OF AIR CONDITIONING SYSTEMS

The Water Treatment offeror and his personnel shall meet the Experience and Personnel Qualifications as indicated in the Specifications 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.

Exact Legal Name of Water Treatment Service Contractor:

Business Location: _____
Street Address

City

State

Zip Code

Telephone Number: _____ Fax Number: _____

E-mail Address (if applicable): _____

Water Treatment Service Contractor's License Number: _____

Contact Person Name: _____

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): _____

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: _____

Offeror _____
Name of Company

I. Contractor's number of consecutive years of experience (immediately prior to bid opening date) in the field of water treatment service of air conditioning systems: _____

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 two (2) water treatment specialists who will be assigned to this contract to perform water treatment service of air conditioning systems (primary and back-up specialist). Each specialist must have a minimum of five (5) consecutive years (immediately prior to the bid opening) of water treatment service experience in Hawaii on types of water systems as indicated in the Specifications.

1. Water Treatment Specialist's Name: _____

a. Number of years of experience: _____

b. Number of years with present company: _____

c. List (10) accounts where water treatment service of the type specified is being provided by this individual (Dates, Buildings/Locations, Type of Treatment, Points of Contact, Telephone Number for each account):

<u>Dates</u>	<u>Building/Location</u>	<u>Type Treatment</u>	<u>Contact Person</u>	<u>Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Offeror _____
Name of Company

2. Subcontractor Name: _____

Address: _____

Contact Person: _____

Telephone No: _____

Name and qualifications of the person who will be performing the work:

Contractor's License No.: _____

Offeror _____
Name of Company