

## OFFEROR'S QUALIFICATION FORM

Please complete this form as fully and explicitly as possible to facilitate evaluation of your firm. Use additional sheets and substantiating documents when necessary.

**A. Exact Legal Name of Contractor:** \_\_\_\_\_

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Contact Person Name: \_\_\_\_\_ Cell No. \_\_\_\_\_

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

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

Subcontractor Name, if applicable: \_\_\_\_\_

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Contact Person Name: \_\_\_\_\_ Cell No. \_\_\_\_\_

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

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

**B. Experience and Qualifications:**  
(See Section 2. Qualification and Requirement)

**C. References:**

Offeror shall list at least three references in the State of Hawaii, for whom offeror has or is performing similar services within the past 5 years.

1. Name of Firm \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Telephone \_\_\_\_\_

Email \_\_\_\_\_

2. Name of Firm \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Telephone \_\_\_\_\_

Email \_\_\_\_\_

3. Name of Firm \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Telephone \_\_\_\_\_

Email \_\_\_\_\_