QUALIFICATION FORM PART A

CSD Baseyard - Mezzanine Office Remodel

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.

Exact Legal Name of Contractor: _____

Contractor's License Number: _____

Oahu Business Location: _____

_____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Contact Person: _____

Telephone Number of Contact Person (if different from above): _____

Cellphone Number of Contact Person: _____

Contact Person and Phone Number for Emergency Calls during regular work hours (if different from above):

_____

Point-of-Contact in case of Emergency – **After Hours** (if different from above):

Contact Person: _____

Telephone number of Contact Person: _____

Cellphone number of Contact Person: _____

Fax Number: _____

Email Address: _____

Contractor's/Offeror's number of consecutive years of experience (immediately prior to bid opening date) in the field of providing and installing building tenant improvements to include modular office furniture:

_____

Are services to be rendered by company employees similar or equal to public officers and employees listed in the attached employee classification description? If so, please list their positions:

_____

_____

_____

_____

_____

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 a total coverage Fire Alarm System maintenance service on a regular basis, that is similar in nature (full service guaranteed maintenance services) and volume (annual dollar value for the five combined referenced contracts shall be equal to or greater than $100,000.00 per year) to the services specified in this bid, that will qualify offeror to perform the project.

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

Name of Firm: _____

Address: _____

_____

Contact Person: _____

Telephone Number: _____

Annual Project Volume ($): _____

Name of Firm: _____

Address: _____

_____

Contact Person: _____

Telephone Number: _____

Annual Project Volume ($): _____

Name of Firm: _____

Address: _____

_____

Contact Person: _____

Telephone Number: _____

Annual Project Volume ($): _____

Name of Firm: _____

Address: _____

_____

Contact Person: _____

Telephone Number: _____

Annual Project Volume ($): _____

Name of Firm: _____

Address: _____

_____

Contact Person: _____

Telephone Number: _____

Annual Project Volume ($): _____