

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:

1. The Consultant shall have a minimum of five (5) years' experience conducting life safety inspections utilizing Federal, State, County and National Fire Protection Association (NFPA) life safety regulations and standards in licensed health care and/or community based facilities, or commercial businesses.
2. Consultant must possess or obtain a Certified Fire Inspector I (CFI-I) certification from the National Fire Protection Association (NFPA) prior to entering this Contract.
3. Offeror's or Consultant's resume

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 _____