

**Department of
Community Services**

Director
Brian P. Fuller

Deputy Director
Sheri L. Newcomb



Housing and Neighborhood Revitalization
Administration
Children and Family Services
Juvenile Services
Parks and Recreation
Tourism Development

All questions must be answered in full. Additional sheets for clarification of answers or additional information may be attached. This statement must be notarized.

1. Name, address, phone number, contractor license #, and IRS number (or owner's social security #) of company.

2. Owner, principal officer, date and place organized.

3. General character of work performed.

4. Any work awarded failed to be completed or contracts defaulted on - where and why.

5. List of three most important recent contracts over \$10,000. State the owner, work, approximate cost, place, date started and date completed.

1. _____		\$ _____
_____	From _____	To _____
2. _____		\$ _____
_____	From _____	To _____
3. _____		\$ _____
_____	From _____	To _____

6. List the contracts upon which you are currently working. Include owner, location, approximate cost, and estimated date of completion.

7. List of three material suppliers and amount of credit available.

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

8. Bank references and credit available.

1. _____ \$ _____
2. _____ \$ _____

9. Insurance coverage and amount.

Liability-Property : _____ \$ _____
Liability-Personal Injury : _____ \$ _____
Vehicle and Equipment : _____ \$ _____
Other- _____ : _____ \$ _____

identify

10. Subcontractors utilized - List name, address, specialty, subcontractor license #, and years of experience.

1. Name: _____
Address: _____
Specialty: _____
License # _____ Years of Experience _____
2. Name: _____
Address: _____
Specialty: _____
License # _____ Years of Experience _____
3. Name: _____
Address: _____
Specialty: _____
License # _____ Years of Experience _____

11. Provide a general description of the experience of the company and its key personnel.

12. Number of current full-time employees _____
Number employed at highest level in past twelve months _____

13. Are you on any list of debarred contractors maintained by the U.S. Department of Labor,
U.S. Department of Housing & Urban Development, or Virginia Department of Highways?
YES _____ NO _____

The undersigned hereby authorizes and requests any person, firm or Corporation listed above to furnish any information requested by **York County** in verification of the recitals comprising this statement of contractor's qualifications:

Contractor: _____
By: _____
Title: _____
Date: _____

STATE OF _____

COUNTY OF _____

_____ being duly sworn deposes and says that he/she is
_____ of _____
and that the answers to the foregoing questions and all statements therein contained are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,
20__.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____, 20__