

CITY OF HOOD RIVER PREQUALIFICATION APPLICATION



Submit application to:

Engineering Department
City of Hood River
211 2nd Street
Hood River, OR 97031

FAILURE TO ADDRESS ALL ITEMS MAY RESULT IN REJECTION OF APPLICATION

Date _____

Contractor's Business Name _____

CCB Number _____

Business Address _____

Phone Number _____

Fax Number _____

Primary Contact Name _____

Secondary Contact Name _____

Purpose of Application: _____

FOR CITY USE ONLY

Application Reviewed By: _____

Date: _____

Application is Approved Denied

Expiration Date _____

Name of business owner: _____

If business is a partnership, list names of all persons who have a financial interest in the business.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

BOND INFORMATION:

Total amount of work the applicant can be bonded for at one time: \$ _____

Bonding Agency: _____

Agent's Name: _____ Phone Number: _____

Agents Address: _____ Fax Number: _____

Has the applicant ever been denied prequalification by any agency in Oregon, or any other state?

Yes No If yes, please attach explanation

Has the applicant ever failed to complete a contract?

Yes No If yes, please attach explanation

Has the applicant ever had a bond relinquished?

Yes No If yes, please attach explanation

INSURANCE INFORMATION:

Total amount of liability insurance carried: \$ _____

Insurance Agency: _____

Agent's Name: _____ Phone Number: _____

Agents Address: _____ Fax Number: _____

EXPERIENCE:

List major projects applicant has undertaken in the last 5 years beginning with the most recent. Attach additional pages if necessary.

Name and Address of Agency	Name of Project	Type of Work - Water, Storm, Sanitary, Etc.	Contract Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
20			
21			
22			
23			
24			
25			

EXPERIENCE:

List following additional information using same numbers as previous page. Attach additional pages if necessary.

Date of Completion (If Completed)	Location of Work	Surety Company if Project Bonded	Engineering Firm & Phone Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
20			
21			
22			
23			
24			
25			

EXPERIENCE:

- A. How many years has applicant been in business under present name? _____
- B. How many years experience in construction work has applicant had? _____
- C. What is the experience of all owners, officers, partners, and principal individuals in applicant's organization? Also, list any other individuals or organizations that control or influence bidding in any way and to any extent. Attach additional sheets if necessary.

Individuals Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work
1			
2			
3			
4			
5			

The following space may be used for general remarks, comments, and explanations to the foregoing prequalification statements.

Signature

STATE OF OREGON
County of Hood River

This instrument was acknowledged before me on _____ by: _____

Notary Public – State of Oregon
My commission expires: _____