12444726Q0032Attachment 05
AGNF Hemlock Woolly Adelgid Treatment

EXPERIENCE QUESTIONNAIRE

Instructions: See Box 11, remarks, if extra space is needed to answer any item below. Mark X in the appropriate boxes.

1. Contractors' Name, Address & Telephone No. Email	2. Type of Business __Company Co-Partner Non-profit __Corporation Individual

3. How many years of experience do you have in this line of work Yrs

4. How many years of experience as a prime contractor subcontractor

5. List **no more than 3** most relevant projects your business has performed within 3 years of this solicitation issuance date:

CONTRACT NUMBER	AWARD AMOUNT	NAME, ADDRESS, E-MAIL, & PHONE NO. TO CONTACT FOR INFORMATION.	DATE CONTRACT COMPLETED	DESCRIPTION OF WORK PERFORMED

6. List all of your firms current contract commitments

CONTRACT NUMBER	AWARD AMOUNT	NAME, ADDRESS, E-MAIL, & PHONE NO. TO CONTACT FOR INFORMATION.	PERCENT

7. Have you ever failed to complete any work awarded to you? ___yes ___no

8. Organization information available for this project:

a. Minimum # of employees: and Maximum # of employees:

b. Are employees regularly on your payroll: ___yes ___no

c. Specify equipment available for this contract:

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AGNF Broadcast Herbicide

9. List the experience of the principal individuals of your business

INDIVIDUALS NAME	PRESENT POSITION	YRS EXP	TYPE OF WORK

10. REMARKS

CERTIFICATION: I certify that all of the statements made by me are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the Forest Service with any information needed to verify my capability to perform this project:

Name:	Title:	Date: