TECHNICAL INFORMATION FORM
(Attachment 4)

THIS FORM IS OPTIONAL
(ensure equivalent information is provided)

Laboratory Water Testing Services

Point Reyes National Seashore

RFQ No.: 140P8426Q0042

Quoters shall submit the following information:

Quoters Business Name: _____

Quoters Address: _____

_____

Quoters UEI: _____

Quoters Phone: _____

Quoters Contact Name: _____

Quoters Signature: _____

CONFIRMATION OF STANDARDS AND REQUIREMENTS:

Is your Lab ELAP certified by the State of California?
(proof required – please attach and include with your quote) _____
YES or NO answer

Is your Lab EPA certified for drinking water testing? _____
YES or NO answer

Will your Lab provide all sampling bottles required for needed testing? _____
YES or NO answer

Is your Lab available to run and read tests during the weekend in the event of a weekend emergency? _____
YES or NO answer

LIST OF RELEVANT EXPERIENCE (LIST OF PROJECTS) & PAST PERFORMANCE REFERENCES:

1) Project Title: _____ Contract # (if known): _____

Agency/Owner: _____ $ Amount: _____

Performance Period: _____

Briefly describe how this project is similar in nature and scope to current advertised requirement:

_____

_____

Past Performance Reference (Name & Title): _____

Phone Number: _____ Email: _____

2) Project Title: _____ Contract # (if known): _____

Agency/Owner: _____ $ Amount: _____

Performance Period: _____

Briefly describe how this project is similar in nature and scope to current advertised requirement:

_____

_____

Past Performance Reference (Name & Title): _____

Phone Number: _____ Email: _____

3) Project Title: _____ Contract # (if known): _____

Agency/Owner: _____ $ Amount: _____

Performance Period: _____

Briefly describe how this project is similar in nature and scope to current advertised requirement:

_____

_____

Past Performance Reference (Name & Title): _____

Phone Number: _____ Email: _____