REFERENCE INFORMATION

SOLICITATION NUMBER	DATE

COMPANY INFORMATION *(Company name, address)*

(PROVIDE REFERENCES FOR SIMILAR WORK)

TELEPHONE NUMBER	☐ WORK HOURS ☐ NON-WORK HOURS	FACSIMILE NUMBER

1. LIST EXPERIENCE IN THIS TYPE OF WORK

2. HAVE YOU EVER BEEN TERMINATED FROM ANY JOB? *(If YES, give reason)*

3. DO YOU ANTICIPATE ANY DIFFICULTIES FINISHING THIS JOB ON TIME? *(If YES, give reason)*

4. PERCENTAGE OF WORK TO BE SUBCONTRACTED	5. ARE YOUR PREVAILING WAGES IN ACCORDANCE WITH THE DAVIS BACON WAGE ACT?

6. REFERENCES *(LIST THREE)*

6a. Reference #1: Company name Person to contact Address Telephone no. Project	
6b. Reference #2: Company name Person to contact Address Telephone no. Project	
6c. Reference #3: Company name Person to contact Address Telephone no. Project	