CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION

SECTION I - GENERAL INFORMATION

1A. NAME		2. TYPE OF ORGANIZATION *(Check one)*	
		☐ A. SOLE PROPRIETORSHIP	☐ F. LIMITED LIABILITY COMPANY
1B. STREET ADDRESS		☐ B. GENERAL PARTNERSHIP	☐ G. JOINT VENTURE
		☐ C. LIMITED PARTNERSHIP	☐ H. TRUST
1C. CITY	1D. STATE / 1E. ZIP CODE	☐ D. CORPORATION	☐ I. OTHER *(Specify below)*
		☐ E. SUBCHAPTER S CORPORATION	
3. TAXPAYER ID NUMBER		4. DATE ORGANIZATION ESTABLISHED	5. STATE OF INCORPORATION
6. TRADE STYLE NAME *(Provide a copy of filing)*		7. KIND OF PRODUCT OR SERVICE PROVIDED	
8. FORMER BUSINESS NAME		10. INVENTORY VALUATION METHOD	
		☐ A. LIFO	☐ C. AVERAGE COST
9. KIND OF BUSINESS			
☐ A. MANUFACTURER	☐ D. RETAILER	☐ B. FIFO	☐ D. OTHER *(Specify)*
☐ B. CONTRACTOR	☐ E. OTHER *(Specify)*		
☐ C. WHOLESALER			

11. OWNERSHIP INFORMATION-PARTNERS-PRINCIPAL STOCKHOLDERS-OTHERS

NAME	TITLE *(If partner, state G(General) or L(Limited) in column)*		PERCENT BUSINESS OWNED
	ACTUAL TITLE	G OR L	

12. PARENT COMPANY *(If applicable)*	
A. NAME	
B. CITY	C. STATE

13. IF "YES" TO ANY QUESTION BELOW, PROVIDE DETAILED INFORMATION IN SECTION VIII, REMARKS	YES	NO
A. HAVE YOU, OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY?		
B. DO YOU HAVE ANY JUDGMENTS, LIENS, OR PENDING SUITS?		
C. DO YOU HAVE ANY CONTINGENT LIABILITIES?		
D. HAVE YOU OR ANY OF YOUR AFFILIATES DISCONTINUED BUSINESS OPERATIONS WITH OUTSTANDING DEBTS?		

SECTION II - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS

14A. ARE YOU DELINQUENT ON ANY FEDERAL DEBT (OMB CIRCULAR A-129) ☐ YES ☐ NO
(If "Yes", provide detailed information, Section VIII, Remarks)

14B. DO YOU OWE THE GOVERNMENT FOR ANY CONTRACT OR OTHER CLAIMS? ☐ YES ☐ NO

IF "YES", COMPLETE THE ITEMS BELOW

AGENCY	CLAIM AMOUNT	PAYMENT	MATURITY	BALANCE

15A. AGENCY INVOLVED WITH DELINQUENCY	15B. AMOUNT OF DELINQUENCY ($)

16. ARE YOU CURRENTLY RECEIVING GOVERNMENT FINANCING?
☐ YES
☐ NO *(Go to Section III)*

17. COMPLETE ITEMS BELOW IF APPLICABLE

TYPE OF FINANCING	AUTHORIZED ($)	IN USE ($)	GOVERNMENT AGENCY INVOLVED
A. INDUSTRIAL REVENUE BONDS			
B. GUARANTEED LOANS			
C. ADVANCED PAYMENTS			
D. PROGRESS PAYMENTS			
E. OTHER *(Specify)*			

SECTION VII - CONSTRUCTION/SERVICE CONTRACTS INFORMATION *(Public Buildings Service Contracts Only)*

CONTRACTS IN FORCE

ITEM	48. CONTRACT 1			49. CONTRACT 2		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amount ($)						
F. Percent Completed						
G. Estimated Completion Date						

ITEM	50. CONTRACT 3			51. CONTRACT 4		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amount ($)						
F. Percent Completed						
G. Estimated Completion Date						

LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS

ITEM	56. JOB 1				57. JOB 2			
A. Location								
B. Contact's Name								
C. Address	STREET ADDRESS				STREET ADDRESS			
	CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER		EXTENSION	AREA CODE	NUMBER		EXTENSION
E. Type of Work								
F. Contract Amount ($)								
G. Amount Sublet ($)								

ITEM	58. JOB 3				59. JOB 4			
A. Location								
B. Contact's Name								
C. Address	STREET ADDRESS				STREET ADDRESS			
	CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER		EXTENSION	AREA CODE	NUMBER		EXTENSION
E. Type of Work								
F. Contract Amount ($)								
G. Amount Sublet ($)								

ITEM	60. JOB 5				61. JOB 6			
A. Location								
B. Contact's Name								
C. Address	STREET ADDRESS				STREET ADDRESS			
	CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER		EXTENSION	AREA CODE	NUMBER		EXTENSION
E. Type of Work								
F. Contract Amount ($)								
G. Amount Sublet ($)								

LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS							
ITEM	62. SURETY COMPANY 1				63. SURETY COMPANY 2		
A. Company Name							
B. Contact's Name							
C. Telephone	AREA CODE	NUMBER		EXTENSION	AREA CODE	NUMBER	EXTENSION
D. Fax	AREA CODE	NUMBER			AREA CODE	NUMBER	
E. Address	STREET ADDRESS				STREET ADDRESS		
	CITY		STATE	ZIP CODE	CITY	STATE	ZIP CODE

64. PRESENT AMOUNT OF BONDING COVERAGE ($)	65. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED? *(If Yes, please provide detailed information in Remarks)* ☐ YES ☐ NO	66. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS? *(If Yes, please provide detailed information in Remarks)* ☐ YES ☐ NO

SECTION VIII - REMARKS

REMARKS *(Cite those sections of the form relating to your remarks. If additional space is required, attach additional sheet(s).)*

CERTIFICATION

For the purpose of establishing financial responsibility with, or procuring credit from the U.S. General Services Administration, we furnish the above as a true and correct statement of our financial condition and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

NAME OF BUSINESS	BY *(Signature of Authorized Official)*	
	NAME OF AUTHORIZED OFFICIAL *(Type or print)*	DATE
	TITLE OF AUTHORIZED OFFICIAL *(Type or print)*	