



Phelan Piñon Hills Community Services District

4176 Warbler Road • Phelan, CA 92329-4049 • (760) 868-1212 Fax (760) 868-2323

Consultant's Data Sheet

Pre Qualification Form

Name of Consultant or Organization: _____

Corporation

Partnership

Individual

Principal Office Address: _____

Phone Number: _____

Name of Officers of Organization: _____

(Name)

(Title)

(Name)

(Title)

License Number(s): _____

(Name)

(License Type & No.)

(Expiration Date)

(Name)

(License Type & No.)

(Expiration Date)

- How many years has your organization been in business as a consultant under your present business name: _____ and present license(s)? _____
- List below the applicable projects your organization has completed most recently. (Use additional sheet if necessary)

Projects Completed			Brief Project Description
No.	Year	For	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

3. List names and addresses of persons to be contacted for information on projects listed in item 2.

No.	Name of Client	Name, Address & Telephone Number of Person to be Contacted
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

4. List names of employees to be on the job site and their qualifications.

No.	Name of Employee	Qualifications
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

5. Have you ever failed to complete any work awarded to you? _____ If so, where, when, and why?

6. Have you ever filed bankruptcy? _____ If so, state details on separate sheet.

7. Have you ever been cited for violation of Cal-OSHA regulation? _____ If so, state on a separate sheet where, when, why and whether a minor or major violation.

8. Have you ever had a lien against you? _____ Have you ever had to obtain a lien against someone? _____ If so, where? _____

9. Please provide the District with a copy of your Contractor Liability Insurance listing the District as an additionally insured for \$1,000,000 with the District listed under insurance.