



# Phelan Piñon Hills Community Services District

4037 Phelan Road, Suite C-1 • P. O. Box 294049 • Phelan, CA 92329-4049 • (760) 868-1212 Fax (760) 868-2323

## CONTRACTOR'S DATA SHEET Pre Qualification Form

Name of Contractor or Organization: \_\_\_\_\_

Corporation       Partnership       Individual

Principal Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Officers of Organization: \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Name) (Title)

Contractor License Number(s): \_\_\_\_\_  
(Engineering Class "A") (C-34 Specialty)

1. How many years has your organization been in business as a general contractor under your present business name \_\_\_\_\_ and present license(s)? \_\_\_\_\_
2. How many years experience in water and/or sewer pipeline construction work has your organization has as a general contractor \_\_\_\_\_ and as a sub-contractor? \_\_\_\_\_
3. List below the applicable projects your organization has completed most recently. (Use additional sheet if necessary.)

Project Completed			Pipe Sizes	Total Length	Type of Pipe	Contract Cost
No.	Year	For				
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

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

5. List names of employees to be on the job site and list their qualifications/water certifications.

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

6. Have you ever failed to complete any work awarded to you? \_\_\_\_\_ If so, where, when, and why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Have you ever filed bankruptcy? \_\_\_\_\_ If so, state details on separate sheet.

8. 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.

9. Have you ever had a lien against you? \_\_\_\_\_ Have you ever had to obtain a lien against someone? \_\_\_\_\_ If so, where? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Can you provide letters of recommendation from previous contractual agreements? \_\_\_\_\_ If so, please attach letters to this form.

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

12. Please provide the District with a copy of your Contractors Bond.

I hereby authorize Phelan Pinon Hills Community Services District of San Bernardino County to obtain information concerning me or my organization from any source including former clients. I certify that the foregoing information obtained in this Experience Questionnaire is true and correct to the best of my knowledge.

_____	_____
(Date)	(Signature)
_____	_____
(Please type or print name clearly)	(Title)