

CONTRACTOR QUALIFICATION SHEET

Company Name:		Date:_		
Address:		Phone #:		
		Fax #:		
Website Address:		Bonding Capacity: Union: YES NO		
Bonding Company Contact Informa	ation (Company / Name / Phone	Number):		
Bank Information (Company/ Name	e / Phone Number):			
Have you ever not completed a proj	ect or had a lien placed on one o	of your projec	ts? YES NO	(If Yes, please attach your reason?
Have you been sued in the past 5 year	ars for project performance or p	payment perfo	ormance? YES NO	(If Yes, please attach your reason?
Safety: EMR rating for last 5 years	. 2009 2008	2007	2006	2005
Please provide us with a copy of you	r Health and Safety Manual and	d a copy of yo	our QA/QC Manual.	
Geographic Area(s) check mark be	ow to show where your firm is i	interested in l	oidding work.	
☐ Steubenville/Weirton	☐ Wheeling/ St. Cla	irsville	☐ Pittsburgh	☐ Cleveland
☐ Youngstown/Warren	☐ Canton/ Massillon	ı	☐ Charleston	☐ Huntington
☐ Parkersburg/Marietta	☐ Morgantown/ Cla	ırksburg	□ Columbus	☐ Ashland, Ky
□ Portsmouth	☐ Cincinnati		□ Dayton	☐ Beckley
☐ Cambridge/Zanesville	☐ Mansfield/Marion		☐ Athens	
Contract Interest (Please list spec se	ctions the firm will bid to perfo	rm)		
PLEASE USE THE CSI FO	DRMAT			
Officers Signature			l	Date
