

## BIDDERS QUESTIONNAIRE FORM

Fill out all the following information and submit with Bid Proposal:

<b>Bidder/Contractor's Name:</b>			
<b>Business Address:</b>			
<b>Telephone Number:</b>		<b>Email:</b>	
<b>California State Contractor's License Number and Class:</b>	<b>#:</b>		
	<b>Class:</b>		
<b>Tax Identification Number:</b>			
<b>DIR Contractor Registration Number:</b>			
<b>UEI Number:</b>			
<b>Business License: Do you currently have an active City Business License?</b>	<b>YES</b>	<b>#:</b>	
	<b>NO</b>		
<b>Number of years of experience the company has as a contractor:</b>			
<b>DIR Contractor Worker(s) Classification (s) (e.g. laborer, electrician, cement mason etc.)</b>			
<b>Has the company or any principal having an interest in this Bid ever failed to complete a project?</b>	<b>YES</b>	<b>NO</b>	
	<b>If yes, explain:</b>		
<b>Has the company or any principal having an interest in this Bid ever been terminated for cause, even if was converted to a "termination of convenience"</b>	<b>YES</b>	<b>NO</b>	
	<b>If yes, explain:</b>		
<b>Type of Firm:</b>	<b>Individual</b>	<b>Partnership</b>	<b>Limited Liability Company</b>
	<b>Corporation (State</b>	<b>)</b>	<b>Other (specify)</b>

**Minority Business Enterprise(MBE)**  
**Women Business Enterprise (WBE)**  
**Small Disadvantaged Business (SDB)**  
**Veteran Owned Business**  
**Disabled Veteran Owned Business**  
**None Apply**

**List at least three related projects completed in the last five (5) years:**

**1. Name of Project:**

<b>Contact:</b>	<b>Phone:</b>
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**Location of Project (City/State):**

<b>Contact Amount:</b>	<b>Date Completed:</b>
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**Brief Description of Work:**

**2. Name of Project:**

<b>Contact:</b>	<b>Phone:</b>
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**Location of Project (City/State):**

<b>Contact Amount:</b>	<b>Date Completed:</b>
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**Brief Description of Work:**

**3. Name of Project:**

<b>Contact:</b>	<b>Phone:</b>
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**Location of Project (City/State):**

<b>Contact Amount:</b>	<b>Date Completed:</b>
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**Brief Description of Work:**

**Surety Company that will provide all Insurance Requirements:**

**Name of Surety:**

**Address:**

**Surety Company:**