

INSTALLATION COMPANY QUALIFICATION FORM

1. Company Name: _____

Address: _____

Phone Number: () _____

Federal id# _____ Date of Organization or Incorporation: _____

Corporation____, S Corporation____, Partnership____, LLC____(C/S/P), Individual: _____

Number of years in business under same ownership: _____

List name of officers of Installation Company:

_____ TITLE: _____

_____ TITLE: _____

_____ TITLE: _____

3. **Date of Organization or Incorporation:** _____

4. **Installation Contact Information:**

Project Manager Name: _____

Phone Numbers: DAY: _____ NIGHT: _____

Years of Experience: _____

On-Site Installation Supervisor Name: _____

Phone Numbers: DAY: _____ NIGHT: _____

Years of Experience: _____

5. **Experience/Reference: (List Project of Equal Size)**

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CONTACT PERSON</u>	<u>PHONE NUMBER</u>
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1. _____

2. _____

3. _____

6. **Insurance Carrier:**

Name: _____

Address: _____

Contact Person: _____ Phone No. _____