



Pathways Contractor Qualification Statement

All questions must be answered in full. Additional sheets for clarification of answers or additional information may be attached. This statement must be notarized. Pathways reserves the right to request additional information upon receipt and review of this completed statement.

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Contractor's License #: _____
FEIN number (or owner's social security number): _____

Owner's Name: _____
Owner's Address: _____
Licensed Lead Supervisor's Name: _____
VA DPOR License #: _____
Principal Officer's Address: _____
Date and Place Organized: _____

General character of work performed: _____

Please list all projects awarded that were not completed, or contracts defaulted on – where and why.

List the three most important recent contracts over \$10,000. State the owner's name, approximate cost, place, date started and date completed.

1. _____ \$ _____
From: _____ To: _____
2. _____ \$ _____
From: _____ To: _____
3. _____ \$ _____
From: _____ To: _____

List the contracts upon which you are currently working. Include owner, location, approximate cost, and estimated date of completion.

List of three material suppliers and amount of credit available.

- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____

Bank references and credit available.

- a. _____ \$ _____
- b. _____ \$ _____

Insurance coverage and amount. (Agent must fax certificate)

Agent's name and telephone number: _____

- Liability-Property: _____ \$ _____
- Liability-Personal Injury: _____ \$ _____
- Vehicle and Equipment: _____ \$ _____
- Workers' Compensation: _____ \$ _____
- Lead Liability: _____ \$ _____
(identify)
- Other: _____ \$ _____
(identify)

Sub-contractors Utilized – List name, address, specialty, subcontractor's license #, and years of experience.

- 1. Name: _____
Address: _____
Specialty: _____
License #: _____ Years of Experience: _____
- 2. Name: _____
Address: _____
Specialty: _____
License #: _____ Years of Experience: _____
- 3. Name _____
Address _____
Specialty: _____
License # _____ Years of Experience _____

Provide a general description of the experience of the company and its key personnel

Number of current full-time employees. _____
Number employed at highest level on past twelve month. _____

Are you on any list of debarred contractors maintained by the U.S. Department of Labor, U.S. Department of Housing & Urban Development, or Virginia Department of Professional and Occupation Regulations?

Yes _____ No _____

The undersigned hereby authorizes and requests any persons, firm or corporation to furnish any information requested by _____ in verification of the recital comprising this statement of contractor's qualifications for:

Company Name: _____

Owner/ Rep. Name: _____

Title: _____ Date: _____

State of: _____ County of: _____

_____, being duly sworn, deposes and says that he/she is

_____ of _____, and that the answers to the foregoing questions and all statements therein contained are true and correct.

Subscribed and sworn to before me this _____ day of _____ 200__.

Notary Public _____ ID#: _____

My Commission Expires _____, 20__.