**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Company Name |  |
|  Doing Business As |  |
| Company Contact 1 | Name | Title |
| Company Contact 2 | Name | Title |
| Address |  |
| Phone | (1) | (2) |
| Email |  |
| Bonding Limit |  | Name of Surety |  |
| WMBE Status |  |

**REGISTRATION/CERTIFICATIONS**

|  |  |
| --- | --- |
| UBI |  |
| WA Contractor’s License No. |  |
| City Of Seattle Business License No. |  |
| Seattle’s On-line Business Directory Registration | [ ] YES [ ] NO |
| State Certification No. |  |
| Federal Certification No. |  |

**SCOPES OF WORK**

|  |  |
| --- | --- |
| Scopes of Work most often performed |  |
| NAICS Code(s) |  |
| CSI Divisions |  |
| State Certification # |  |

**WORK EXPERIENCE FORM**

Please fill out one Work Experience Form demonstrating each of the Scopes of Work you most often perform.

|  |
| --- |
| **PAST PROJECT EXPERIENCE DETAIL** |
| **PROJECT NAME:** |  |
| **PROJECT OWNER:**(Contact Name, title and contact information) |  |
| **PROJET LOCATION:** |  |
| **DATES OF CONTRACT:** |  |
| **CONTRACT METHOD:**(JOC, GCCM, DB, DBB) |  |
| **PROJECT DESCRIPTION:** |  |
| **NAMED KEY PERSONNEL USED:** | NAME | TITLE | ROLE/DUTIES PERFORMED |
| **SCOPES PERFORMED:**(list by specification division) | DIVISIONS | DESCRIPTION OF WORK |