

USDA Forest Service (1/00)  <b>EXPERIENCE QUESTIONNAIRE</b>  Instructions: See Box 10, Remarks, if extra space is needed to answer any item below. Mark "x" in appropriate boxes.	<b>1. Contractor Name, Address, Telephone Number, and Email</b>
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<b>2. Submitted to (Office Name &amp; Address)</b>	<b>3. Business</b> <input type="checkbox"/> Company Co-Partnership <input type="checkbox"/> Corporation Individual <input type="checkbox"/> Non-profit Organization	<b>4. How many years do you or your firm have in the line of work contemplated by this solicitation? _____</b>
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**5. How many years experience in contracting have you or your business had as a (a) prime contractor \_\_\_\_\_ and/or (b) sub-contractor \_\_\_\_\_?**

**6. List below the projects your business has completed within the last three years (or currently working) where we can confirm that your company has experience in similar work.**

Contract Amount	Type of Project	Ongoing or Date Completed	Name, Address, and Telephone No. of Owner/Person to Contract for Project Information

**7a. Have you ever failed to complete any work awarded to you? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
**7b. Has work ever been completed by performance bond? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
**7c. If "Yes" to either item 7a or 7b specify location(s) and reason(s) why:**


8. Organization and work that will be available for this project:

a. (1) Minimum number of employees: \_\_\_\_\_ and a (2) Maximum number of employees: \_\_\_\_\_

b. Are employees regularly on your payroll? \_\_\_\_\_ Yes \_\_\_\_\_ No

c. Specify equipment available for this contract

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9. List below the experience of the principal individuals of your business:

Individual's Name And City of Residence	Present Position	Years of Exp.	Magnitude and Type of Work

10. Remarks—Specify Box Numbers (Attach sheets if extra space is needed to fully answer any above questions):

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11. CERTIFICATION

I certify that all of the statements made by me are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the Forest Service with any information needed to verify my capability to perform this project.

12a. Certifying Official's Name and Title

12b. Signature (Sign in Ink)

13. Date

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