

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

9. List below the experience of the principal individuals of your business: Key Personnel (MT SHPO Mason)

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):

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