CONTRACTOR QUALIFICATIONS- PROJECT 2

Please type or print clearly and use additional sheets as necessary.

Name and Location of Project: _____

_____

Name and Address of Owner _____

_____

Phone Number _____

Name and Address of Contractor's Bonding Company _____

_____

Phone Number _____

Entire Contract Amount: _____

Project Duration, in months _____

Description (including type and size of systems provided):

_____

_____

_____

_____

_____

_____