

City of Wilsonville Engineering Department 29799 SW Town Center Loop East Wilsonville, OR 97070 (503) 682-4960

STATEMENT OF QUALIFICATION APPLICATION

Registered Company Name)
nailed:
Zip Code:
the following project(s):
oze Rd. Transmission Main, CIP 1149/1150/1151
Thursday, April 4, 2024
At or before 2:00 pm (local time)

Revised 06/10/19

APPLICATION INSTRUCTIONS

Introductory Statement

In accordance with the statutes of the State of Oregon, every public contracting agency contemplating receiving bids for and awarding any contract for a public improvement may require any prospective bidder (*herein referred to as applicant*) to submit a full and complete statement concerning their equipment and experience in constructing public improvements.

The application and questionnaire forms, which are bound herewith, comply with the requirements of public contracting rules and must be used in determining the qualifications of applicants and in assigning limits as to the size and kinds of projects for which the applicant may submit bids.

The applicant should use care and integrity in preparing this information. The public contracting agency may make independent inquiries concerning the contractors past performance and/or capabilities.

Manner of Preparing and Filling in Forms

This application shall include information for only the specific single business organization or entity which is applying for qualification and which would be the signatory on a contract with the public contracting agency.

All answers and other entries on the forms, except signatures, should be filled in with a keyboard or printed. To make this possible, the forms may be taken apart by removing the staples by which they are bound. It shall be the responsibility of the applicant to return all pages whether applicable or not. Failure to do so may be grounds for rejection. The forms are available in electronic format from the City of Wilsonville. All pages whether applicable or not must be submitted in hard copy. No electronic submissions will be accepted.

All answers and entries shall be specific and complete in detail.

The qualification application shall be signed by the applicant and sworn to as the form indicates. The signatory of the statement guarantees the truth and accuracy of all statements and of all answers to questions.

An original signed application must accompany the qualification application. (Xerox or fax signatures will not be accepted)

Use of Attachments

Schedules, reports and other forms of qualification statements may be used as attachments to the prescribed form, provided that the information contained therein specifically includes the information required by this form.

Requests for Further Information

For general information regarding this statement of qualification application, refer to the Request for Qualifications packet, General Instructions section. All requests for additional information and clarifications shall be made directly to the City's project manager, Mike Nacrelli, P.E.

SECTION 1 – CONSTRUCTION FIRM(S)

1.1 Brief description of the General Contractor's firm.

1.2 Brief description of the proposed sub-contractors (if any).

SECTION 2 – MANAGEMENT AND CONSTRUCTION EXPERIENCE

2.1 Fill in the classes of work you wish to bid on. Classes of work include, but are not limited to, work listed in parenthesis.

For Each Class of Work:

- A. Enter the maximum dollar amount of work you are capable of performing.
- B. Enter the maximum dollar amount of work you are qualified to undertake in other states.
- C. Enter the state(s) qualified for the amount shown in column 'B'.
- D. Enter the number of years of experience in this class of work.

Class	A. Max Dollar Amount	B. Qualified Dollar Amount	C. State(s) Experience	D. Years' Experience
Earthwork–General and Rock Excavation (Non-Blasting)				
Pre-stressed Concrete Reservoir Construction				
Asphalt Concrete Paving				
Concrete Reservoir Pre-Stressing				
Storm Sewer Construction				
Water Main Construction				
Public Electrical Systems (service meter upgrades, power conduit)				
Fiber Optic Conduit Installation				

2.2 Indicate the anticipated major sub-contractors for this project and the class of work.

Name of Contractor and Class or Type of Work

2.3 List ten major projects applicant has undertaken in the last five years. (List most recent projects first)

1.	Name of Project				
	Owner & Contact				
	Project Location				
	Contract Amount	Amount +Over/-Under Contract			
	Explain				
	Start/Completion Date (mm/yy)	Completed on Time (Y/N)			
	Project Construction Supervisor				
		Sub-contractor (S) or Joint Venture (J) on project			
2.	Name of Project				
	Owner & Contact				
	Address				
	Phone Number				
	Project Location				
	•	_ Amount +Over/-Under Contract			
	Start/Completion Date (mm/yy)	Completed on Time (Y/N)			
	Project Construction Supervisor				
	Architect/Engineering Firm & Contact _				
	Address				
		Sub-contractor (S) or Joint Venture (J) on project			

3.	Name of Project				
	Owner & Contact				
	Address				
	Phone Number				
	Project Work Description				
	Project Location				
	Contract Amount Amount +Over/-Under Contract				
	Explain				
	Start/Completion Date (mm/yy) Completed on Time (Y/N)				
	Project Construction Supervisor				
	Architect/Engineering Firm & Contact				
	Address				
	Phone Number				
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project				
4	Name of Project				
	Owner & Contact Address				
	Phone Number				
	Project Work Description				
	Project Location				
	Contract Amount Amount +Over/-Under Contract				
	Explain				
	Start/Completion Date (mm/yy) Completed on Time (Y/N)				
	Project Construction Supervisor				
	Architect/Engineering Firm & Contact				
	Address				
	Phone Number				
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project				

5.	Name of Project				
	Owner & Contact				
	Address				
	Phone Number				
	Project Work Description				
	Project Location				
	Contract Amount Amount +Over/-Under Contract				
	Explain				
	Start/Completion Date (mm/yy) Completed on Time (Y/N)				
	Project Construction Supervisor				
	Architect/Engineering Firm & Contact				
	Address				
	Phone Number				
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project				
6.	Name of Project				
	Owner & Contact				
	Address				
	Phone Number				
	Project Work Description				
	Project Location				
	Contract Amount Amount +Over/-Under Contract				
	Explain				
	Start/Completion Date (mm/yy) Completed on Time (Y/N)				
	Project Construction Supervisor				
	Architect/Engineering Firm & Contact				
	Address				
	Phone Number				
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project				

7.	Name of Project				
	Owner & Contact				
	Address				
	Phone Number				
	Project Work Description				
	Project Location				
	Contract Amount Amount +Over/-Under Contract				
	Explain				
	Start/Completion Date (mm/yy) Completed on Time (Y/N)				
	Project Construction Supervisor				
	Architect/Engineering Firm & Contact				
	Address				
	Phone Number				
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project				
8.	Name of Project				
	Owner & Contact				
	Address				
	Phone Number				
	Project Work Description				
	Project Location				
	Contract Amount Amount +Over/-Under Contract				
	Explain				
	Start/Completion Date (mm/yy) Completed on Time (Y/N)				
	Project Construction Supervisor				
	Architect/Engineering Firm & Contact				
	Address				
	Phone Number				
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project				

9.	Name of Project				
	Owner & Contact				
	Address				
	Phone Number				
	Project Work Description				
	Project Location				
	Contract Amount Amount +Over/-Under Contract				
	Explain				
	Start/Completion Date (mm/yy) Completed on Time (Y/N)				
	Project Construction Supervisor				
	Architect/Engineering Firm & Contact				
	Address				
	Phone Number				
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project				
10	. Name of Project				
	Owner & Contact				
	Address				
	Phone Number				
	Project Work Description				
	Project Location				
	Contract Amount Amount +Over/-Under Contract				
	Explain				
	Start/Completion Date (mm/yy) Completed on Time (Y/N)				
	Project Construction Supervisor				
	Architect/Engineering Firm & Contact				
	Address				
	Phone Number				
	Indicate whether: Prime Contractor (P), Sub-contractor (S) or Joint Venture (J) on project				

2.4 How many years has Respondent been in business under present name?

As a prime contractor?: ______ As a subcontractor?:

2.5 How many years' experience in construction work has Respondent had?

As a prime contractor?: _____ As a subcontractor?: _____

2.6 Indicate Respondents principal contact person for this application:

Contact	
Address	
Phone and Fax Number	_

2.7 What is the construction experience of all owners, officers, partners and principal individuals in Respondent's organization? Also list any other individuals or organization that, in any way and to any extent, controls or influences the bidding.

Individual's Name	Present Position or Office	Years' Experience	Magnitude and Type of Work	In What Capacity

2.8 Indicate contractor's licenses or registration numbers held as required by Oregon Statutes:

Corporation Division Registration No.:			
Construction Contractors Board No.:			
Landscape Contractors License No.:			
Electrical License No.:			
Plumbing License No.:			
Pressure Vessel Installers License No.:			
Other License No.:			

2.9 - RESERVOIR CONTRACTOR STATEMENT OF QUALIFICATIONS FORM

RESERVOIR CONTRACTOR INFORMATION

Submitted By:		A Corporation A Partnership
	(Reservoir Contractor)	An Individual
Type of Work:		
Principal Office:		
Contractor's Bank and Loc	al Contact:	

EXPERIENCE QUESTIONNAIRE

- 1. How many years has your organization been in business as a contractor under your present business name?
- 2. Have you ever failed to complete any work awarded to you?

If so, where, and why?

3. List below the contracts which you, or your company, or corporation were party, during the previous 10 years which contracts where involved in litigation of any type:

4. Name the Surety Company, and the name and address of the local agent you expect to use in the event this Contract is awarded to you.

5. Name the field superintendent(s) who will be in direct charge of the reservoir construction if awarded this Contract and state the relevant, successful experience. A qualified field superintendent will be required to be on the Site in responsible charge, full-time, during all reservoir concrete construction activities. The proposed superintendent(s) shall be currently employed by the Reservoir Contractor and shall have been the Reservoir Contractor superintendent on no less than two (2) strandwrapped prestressed concrete reservoirs during the last ten (10) years. The Reservoir Contractor superintendent(s) shall have been in the direct employment of the Reservoir Contractor for both of the reservoirs listed. Indicate the owner of projects referenced. Provide the name(s) of all reservoir jobs successfully completed by all of the superintendents listed by the Reservoir Contractor, which shall include a reservoir description, the name and address of the owner, and the approximate completion date of each reservoir.

Superintendent Name(s)	
Project Completed:	
Owner Project Name Year Completed	
Project Completed:	
Owner Project Name Year Completed	

6. List the names, addresses and telephone numbers of the owners and project engineers, and completion dates and location of at least five (5) reservoirs located within Oregon, Washington, and California which have been successfully constructed by the Reservoir Contractor during the last ten (10) years. In order to meet the experience requirements, the five reservoirs shall be similar in design to the specified reservoir (i.e., freed wall base, poured-in-place corewall, externally machine strandwrapped, etc.) and at least 2.0 million gallons in volume. In addition, at least one of the five reservoirs shall be similar in design to the specified reservoir and at least 3.0 million gallons in volume. Experience with reservoirs having fixed wall bases, mild-steel reinforced reservoir corewalls, shotcrete reservoir corewalls, precast reservoir corewalls or reservoir corewalls incorporating internal stressing systems or external machine single wire wrapping (in lieu of strandwrapping) shall not be considered in meeting the required experience requirements. (Provide an attachment if additional space is required.)

Project Name, Owner &	Year	Name & Address of Owner Contact	Name & Address of Engineer Contact
Reservoir Size	Completed	Person and Phone Number	Person and Phone Number

The information submitted in this form will be regarded as confidential to the extent of the law. The undersigned hereby declares that the foregoing statements are true and that the foregoing financial statement is a true and accurate statement of the financial condition of said firm.

Dated at	this	_day of	_, 20
		By	

Title	e	

2.10 - RESERVOIR PRE-STRESSOR STATEMENT OF QUALIFICATIONS FORM

RESERVOIR PRE-STRESSOR INFORMATION

Submitted By:		A Corporation A Partnership
-	(Reservoir Prestressor)	An Individual
Type of Work:		
Principal Office:		
Contractor's Bank and Loc	cal Contact:	

EXPERIENCE QUESTIONNAIRE

- 1. How many years has your organization been in business as a contractor under your present business name?
- Have you ever failed to complete any work awarded to you? ______
 If so, where, and why? ______
- 3. List below the contracts which you, or your company, or corporation were party, during the previous 10 years which contracts where involved in litigation of any type:

4. Provide a written statement indicating that the reservoir pre-stressor has a minimum of two operable strandwrapping and automated shotcrete machines meeting the specifications of the project. Provide as an attachment to this form.

5. Name the Surety Company, and the name and address of the local agent you expect to use in the event this Contract is awarded to you:

6. Name the field superintendent(s) who will be in direct charge if awarded this Contract and state the relevant, successful experience. A qualified field superintendent will be required to be on the Project Site in responsible charge, full-time, during all reservoir prestressing construction activities. The proposed superintendent(s) shall be currently employed by the Reservoir Prestressor and shall have been the Reservoir Prestressor superintendent on no less than two (2) strandwrapped prestressed concrete reservoirs during the last ten (10) years. The reservoir superintendent(s) shall have been in the direct employment of the Reservoir Prestressor for both reservoirs listed. Indicate the owner of projects referenced. Provide the name(s) of all reservoir jobs successfully completed by all of the superintendents listed by the Reservoir Prestressor, which shall include a reservoir. The listed reservoir prestressing superintendent and/or operator shall be a certified shotcrete nozzleman in accordance with ACI 506.

Superintendent Name(s)	
Project Completed:	
Owner Project Name Year Completed	
Project Completed:	
Owner Project Name Year Completed	

7. List the names, addresses and telephone numbers of the owners and project engineers, and completion dates and location of at least five (5) reservoirs located within Oregon, Washington, and California which have been successfully prestressed by the Reservoir Prestressor during the last ten (10) years. In order to meet the experience requirements, the five reservoirs shall be similar in design to the specified reservoir (i.e., freed wall base, poured-in-place corewall, vertical tendons, externally machine strandwrapped, etc.) and at least 2.0 million gallons in volume. In addition, at least two of the five reservoirs shall be similar in design to the specified reservoir and at least 3.0 million gallons in volume. Experience with reservoirs having fixed wall bases, mild-steel reinforced reservoir corewalls, shotcrete reservoir corewalls, precast reservoir corewalls or reservoir corewalls incorporating internal stressing systems or external machine single wire wrapping (in lieu of strandwrapping) shall not be considered in meeting the required experience requirements. (Provide an attachment if additional space is required.)

Project Name, Owner &	Year	Name & Address of Owner Contact	Name & Address of Engineer Contact
Reservoir Size	Completed	Person and Phone Number	Person and Phone Number

The information submitted in this form will be regarded as confidential to the extent of the law. The undersigned hereby declares that the foregoing statements are true and that the foregoing financial statement is a true and accurate statement of the financial condition of said firm.

Dated at	this	_day of	_, 20
		By	

Title	e	

2.11 - WATER MAIN CONTRACTOR STATEMENT OF QUALIFICATIONS FORM

WATER MAIN CONTRACTOR INFORMATION

Submitted By:		A Corporation A Partnership
5	(Water Main Contractor)	An Individual
Type of Work:		
Principal Office:		
Contractor's Bank and Local Co	ontact:	

EXPERIENCE QUESTIONNAIRE

- 1. How many years has your organization been in business as a contractor under your present business name?
- Have you ever failed to complete any work awarded to you? ______
 If so, where, and why? ______
- 3. List below the contracts which you, or your company, or corporation were party, during the previous 10 years which contracts where involved in litigation of any type:

4. Name the Surety Company, and the name and address of the local agent you expect to use in the event this Contract is awarded to you:

Statement of Qualification Application

5. Name the field superintendent(s) who will be in direct charge of the water main construction if awarded this Contract and state the relevant, successful experience. A qualified field superintendent will be required to be on the Project Site in responsible charge, full-time, during all water main construction activities. The proposed superintendent(s) shall be currently employed by the Water Main Contractor and shall have been the Water Main Contractor superintendent on no less than two (2) water/transmission main installations during the last ten (ten) years. The water main superintendent(s) shall have been in the direct employment of the Water Main Contractor for both of the water/transmission mains listed. Indicate the owner of projects referenced. Provide the name(s) of at water/transmission main jobs successfully completed by all of the superintendents listed by the Water Main Contractor, which shall include a project description, the name and address of the owner, and the approximate completion date of each project.

Superintendent Name(s)	
Project Completed:	
Owner Project Name Year Completed	
Project Completed:	
Owner Project Name Year Completed	

6. The names, addresses, and telephone numbers of the owners and project engineers, and completion dates and location of at least five (5) projects located within Oregon, Washington, and California which have been successfully completed by the water main contractor during the last 7 years. In order to meet the experience requirements, at least 2 of the projects shall be similar in design to the specified construction (i.e., water/transmission main installations greater than or equal to 3000 linear feet, water/transmission main installations of pipe greater than or equal to 24 inches in diameter, off-site hauling of material through population centers, etc.). Project examples must demonstrate successful completion of the installation and discuss methods for limiting risk given the constraints set forth in the project drawings and specifications. Project examples should demonstrate the ability to follow a precise work sequence of construction and successful overall project coordination in order to minimize the water main installation time. (Provide an attachment if additional space is required.)

Project Name, Owner &	Year	Name & Address of Owner Contact	Name & Address of Engineer Contact
Water/Transmission Main Length and Diameter	Completed	Person and Phone Number	Person and Phone Number

The information submitted in this form will be regarded as confidential to the extent of the law. The undersigned hereby declares that the foregoing statements are true and that the foregoing financial statement is a true and accurate statement of the financial condition of said firm.

Dated at	this	day of	, 20
		By	

Title	e	

2.12 - EARTHWORK CONTRACTOR STATEMENT OF QUALIFICATIONS FORM

EARTHWORK CONTRACTOR INFORMATION

		A Corporation
Submitted By:		A Partnership
-	(Earthwork Contractor)	An Individual
Type of Work:		
Principal Office:		
Contractor's Bank and Loo	cal Contact:	

EXPERIENCE QUESTIONNAIRE

- 1. How many years has your organization been in business as a contractor under your present business name?
- Have you ever failed to complete any work awarded to you? ______
 If so, where, and why? ______
- 3. List below the contracts which you, or your company, or corporation were party, during the previous 10 years which contracts where involved in litigation of any type:

4. Name the Surety Company, and the name and address of the local agent you expect to use in the event this Contract is awarded to you:

Statement of Qualification Application

5. Name the field superintendent(s) who will be in direct charge of the reservoir earthwork if awarded this Contract and state the relevant, successful experience. A qualified field superintendent will be required to be on the Project Site in responsible charge, full-time, during all reservoir earthwork activities. The proposed superintendent(s) shall be currently employed by the Earthwork Contractor and shall have been the Earthwork Contractor superintendent on no less than two (2) reservoir earthwork projects during the last ten (10) years. The earthwork superintendent(s) shall have been in the direct employment of the Earthwork Contractor for both of the projects listed. Indicate the owner of projects referenced. Provide the name(s) of earthwork jobs successfully completed by all of the superintendents listed by the Earthwork Contractor, which shall include a project.

Superintendent	
Name(s)	
Project Completed:	
Owner	
Project Name	
Year Completed	
Project Completed:	
Owner	
Project Name	
Year Completed	

- 6. The names, addresses and telephone numbers of the owners and project engineers, and completion dates and location of at least five (5) projects similar in scope to this Project located within Oregon, Washington, and California which have been successfully completed by the Earthwork Contractor during the last ten (10) years. In order to meet the experience requirements for this Project, provide at least two (2) projects in which one or more of the work elements listed below were completed. Different projects may be submitted for each required work element listed below but at least two (2) projects are required for each work element. Multiple work element requirements may be satisfied with a single project.
 - Excavations in excess of 10,000 cubic yards (CY)
 - Base preparation and construction of foundation drainage system and liner installation for a new reservoir at least 1.0 million gallons (MG) in size
 - Off-site hauling of material through population centers

Project examples must demonstrate successful completion of the excavations and construction of reservoir foundation drainage system and discuss methods for limiting risk given the constraints set forth in the project drawings and specifications. Project examples should demonstrate the ability to follow a precise work sequence of construction and successful overall project coordination in order to minimize time required for earthwork activities. (Provide an attachment if additional space is required.)

Project Name, Owner &	Year	Name & Address of Owner Contact	Name & Address of Engineer Contact
Related Specified Experience	Completed	Person and Phone Number	Person and Phone Number
Excavations in excess of			
10,000 CY			
1.			
2.			
3.			
Base preparation &			
foundation drainage system			
for a new reservoir over 1.0			
MG			
1.			
2.			
3.			
5.			
Off-site hauling through			
population centers			
population centers			
1			
1.			
2.			
3.			

The information submitted in this form will be regarded as confidential to the extent of the law. The undersigned hereby declares that the foregoing statements are true and that the foregoing financial statement is a true and accurate statement of the financial condition of said firm.

Dated at	_this	_day of	, 20
		By	

Title	e	

SECTION 3 – EQUIPMENT LIST

3.1 List Plants and Equipment <u>owned</u> by applicant. List only major items. Lump together small equipment and tools.

Quantity, Description and Capacity of Items	Age in Years	Condition of Equipment

Total market value of equipment: \$_____

3.2 Does applicant intend to rent equipment? If so, provide a general description:

Where available:_____

Statement of Qualification Application

SECTION 4 – FINANCIAL INFORMATION AND CAPACITY

4.1 Indicate the total amount of work, expressed in dollars, which the applicant can be bonded for at one time (attach evidentiary letter from licensed bonding company or agent):

\$_____

The contract(s) for which this qualification is sought require bid and performance bond(s), the applicant shall state the name of the agent and name, address, and telephone number of the surety company applicant expects to provide the bonds.

lame of Agent	_
urety Company	
.ddress	_
hone Number	

4.2 Indicate the firm's form of business.

4.2 a. If an Oregon Corporation, answer the following:

When Incorporate	ed
President	
1 st Vice President	t
Secretary	
Treasurer	
What officers are	authorized to execute contracts:

4.2 b. If a general partnership, answer the following:

Date of Organization

If a foreign (out of State) co-partnership or persons engaging in business in the state under an assumed name, but not domiciled within this state, state whether or not such partnership or business organization has been registered as may be required in compliance with Chapter 648, Oregon Revised Statutes:

Name and Address of Partners:	
4.2 c. If a foreign (out of State) corporation, answer the following:	
When Incorporated	
In what state	
Date of authorization to transact business in the State of Oregon	
Has applicant filed with the Department of Revenue forms required by ORS 279.021?_	
Treasurer	
President	
1 st Vice President	
Secretary	
Treasurer	
What officers are authorized to execute contracts:	

Check One: Limited Liability Company (LLC)

Limited Liability Partnership (LLP)

ide Level B Reservoir and Tooze Rd. Transmission Main	Project #1149/1150/11
Limited Partnership (LP)	
Have you registered with the State Corporation Division, Business Regineration Presson No	stry?
Name and address of organizer:	
List who is authorized to execute contracts:	
4.2 e. If doing business under an assumed business name, fill out the	_
Name of assumed business:	
Owner's name and address:	
Registration Date:Expires:	
4.2 f. If doing business as a sole proprietorship, fill out the following	
Individual's name liable for all obligations of business:	
If you are a sole proprietor using an assumed business name, please list	names below:
Registration Date:	
List those individuals, companies or corporations owning 10% or m	ore of applicant's firm.
List those individuals, companies or corporations owning 10% or m	ore of applicant's firm.
List those individuals, companies or corporations owning 10% or m	ore of applicant's firm.
List those individuals, companies or corporations owning 10% or m	ore of applicant's firm.
List those individuals, companies or corporations owning 10% or m	ore of applicant's firm.

4.4 List any organization, owned or controlled by the applicant, its officers, directors, partners and anyone owning at least 10% interest in the firm, or in which the applicant was or is an officer, director, partner, doing business in Oregon under another name. If none, so state.

4.5 List all other personnel in applicant's organization who have a financial interest in or serve as officers or partners in another firm pre-qualified to bid in this or another state.

Individual's Name	Present Position or Office	Other Firm or Firms	Position in Other Firm(s)	State of Other Firm

SECTION 5 – PUBLIC WORKS CONTRACT EXPERIENCE

5.1 Is your firm currently certified by the State of Oregon as a Disadvantaged Business Enterprise (DBE)?

(Check one)	Yes	No No
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5.2 Have you ever been denied qualification by any state, local or federal agency in this or any other state?

(Check one)	Yes		No
-------------	-----	--	----

TC		1	1 •	
It	yes,	please	explain.	

5.3 Have you ever been debarred from bidding on contracts by any state, local or federal agency in this or any other state under any State Law or Federal Law?

(Check one)	Yes	🗌 No
-------------	-----	------

TC		1			1 .
It	ves.	p.	lease	ext	olain.
	J,	1		· ·	

5.4 Has any officer or partner of the applicant ever applied for qualification or Public Works contract with the City of Wilsonville under a different name?

U	
(Check one) Yes	🗌 No
If yes, please explain.	

5.5 Has the applicant ever failed to complete a state, local or federal public improvement (works) contract?

] Yes [] No
	Yes [

If yes, please explain	•
------------------------	---

5.6 Has any officer or partner of the applicant ever been found in breach of a local, state or federal contract?

(Check one)	Yes	No No
-------------	-----	-------

If yes, please explain.

5.7 Does the Respondent have any unpaid judgments and/or unadjudicated claims in excess of \$5,000? (See SOQ Submittal Content and Organization Section 47 for instructions.

(Check one) 🗌 Yes 🗌 No

If yes, please explain. (If this information is confidential, attach a second sealed envelope clearly marked as such.)

SECTION 6 – AUTHORIZED EMPLOYEE

6.1 Authorized Employee Representative of the Respondent

The undersigned authorized employee shall have financial signature authority.

By submitting a Statement of Qualifications for the Project, respondents expressly represent that they have taken no exception to any term, condition, obligation or requirement of the RFQ that is not clearly and expressly stated in their SOQ.

Respondents further represent that they are an Authorized Employee Representative of the Respondent and will report immediately to the City in writing any errors, inconsistencies, ambiguities, terms which limit competition, or terms which are otherwise unlawful that they discover in the RFQ.

Print Name

Title

Signature

SECTION 7 – AFFIDAVIT

AFFIDAVIT:	
STATE) OF)	
County of)	SS.
I,	being first sworn, state that I
am	(Title) of the applicant herein and that the statements made
in this application are true and I acknowl	ledge that any false, deceptive or fraudulent statements on the
application or at a hearing will result in t	the denial of qualification, and may subject me to charges of false
swearing or perjury; should there be any	subsequent material reduction in applicant's ability to carry out any
project for which applicant desires to sub	bmit a bid; applicant will give written notice of such change to the
designated officer to whom this applicati	ion is submitted at least ten days prior to the bid opening and that it is
understood that such notice may change	the eligibility of applicant to submit the bid.

Original Signature

Subscribed and sworn to before me this ______ day of ______, 2024.

Original Notary Public Signature

Title

My commission expires _____