

**BIDDER'S QUALIFICATION STATEMENT**

1. State the true, exact, correct and complete name of the partnership, corporation or trade name under which you do business. (If corporation, state the name of the president and secretary. If a partnership, state the name of all partners. If a trade name, state the name of the individuals who do business under the trade name).

\_\_\_\_\_ (Legal Name of Bidder)

- a) The business is a \_\_\_\_\_ (Insert form of business entity)
- b) Address of the principal place of business (corporate) is \_\_\_\_\_
- b) Physical address of location servicing this contract (if different) is \_\_\_\_\_
- c) The names of the corporate officers, or partners, or individuals doing business under a trade name are as follows:

\_\_\_\_\_

\_\_\_\_\_

- 2. Federal Employer ID # \_\_\_\_\_
- 3. State the number of years your business organization has been doing business under this name.  
\_\_\_\_\_
- 4. Have you ever failed to complete a contract awarded to you? If so, state where, when and why?  
\_\_\_\_\_
- 5. Does your firm have any officer, owner, employee or agent who is also an officer, employee or advisory board member of Martin County? Yes  No  If yes, you may not submit a bid (see instructions to bidders).
- 6. Is your company a certified Disadvantaged Business or Woman Owned Business Enterprise? \_\_\_\_\_  
If yes, attach Certificate.
- 7. Are you a small business as defined by the SBA? Yes  No  If yes, number of employees \_\_\_\_\_
- 8. Is either the Bidder or its principals presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency? \_\_\_\_\_
- 9. List at least three (3) Florida governmental agencies that the bidder has performed movable bridge maintenance and repair work for the past five (5) years, with a minimum aggregated contract value of \$1,000,000. per year. Include the name of a reference person with complete contact information for each agency listed.

a) \_\_\_\_\_

b)\_\_\_\_\_

c)\_\_\_\_\_

**I certify that the above information is true and correct.**

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Federal Tax I.D. Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Authorized Signature