

ATTACHMENT D



Sno-Isle Libraries PUBLIC WORKS

STATEMENT OF BIDDERS QUALIFICATIONS/ RESPONSIBILITY CRITERIA

PROJECT: ITB No. 2020.03.30 – SIL SYSTEM WIDE PRESSURE WASHING

Note: This statement must be completed, signed and submitted as part of the Proposal packet.

BUSINESS INFORMATION

Name of Firm:	
Address:	
Payment Address:	
Contact Phone #:	
Email:	
Contact Name:	

LICENSE & REGISTRATION INFORMATION (RCW 39.04.10 Sec. 2)

State of Washington Dept. of Licensing Contractors Registration Number:	
State of Washington Unified Business Identification (UBI) Number:	
State of Washington Dept. of Employment Security Number: Licensing State of Washington Dept. of Labor & Industries Workers Compensation Acct. Number:	
Washington State Excise Tax Registration Number:	
Federal Tax ID Number:	

INSURANCE AND BONDING

Name of Insurance Company:	
Name of Insurance Agent:	
Insurance Phone Number:	

Insurance Fax Number:	
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Bonding Company (If Applicable):	
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Name of Bond Agent:	
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Bonding Company Address:	
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Bonding Phone Number:	
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OTHER	
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Are you listed on any debarment lists:	<input type="checkbox"/> Y <input type="checkbox"/> N
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Are you on the list of parties excluded from the Federal procurement/Non-Procurement programs:	<input type="checkbox"/> Y <input type="checkbox"/> N
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Signature	Title	Date
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