



**EXPERIENCE QUESTIONNAIRE  
FOR  
“APPROVED CONTRACTOR”**

SUBMITTED BY: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVAL APPLIED FOR:  
(Check all that apply)

- |                                           |                                                                          |
|-------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Water            | <input type="checkbox"/> Curb, Gutter & Sidewalk                         |
| <input type="checkbox"/> Sewer            | <input type="checkbox"/> Milling                                         |
| <input type="checkbox"/> Storm Water      | <input type="checkbox"/> Paving                                          |
| <input type="checkbox"/> Roadway Patching | <input type="checkbox"/> Private Utilities within City ROW or Easements  |
|                                           | <input type="checkbox"/> Concrete Services (Grinding, Cutting & Raising) |

Return to: Department of Infrastructure & Development  
Construction Inspection  
125 North Division Street, Room 202  
Salisbury, MD 21801

**EXPERIENCE QUESTIONNAIRE**

Principal Officer: \_\_\_\_\_

The signatory of this Questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

1. How many years has your organization been in business as a general contractor under your present business name?

\_\_\_\_\_

2. How many years' experience in work has your organization had?

A: As a general contractor \_\_\_\_\_

B: As a sub-contractor \_\_\_\_\_

3. Have you ever failed to complete work awarded to you? If so, where and why?

\_\_\_\_\_

\_\_\_\_\_

4. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? If so, state name of the individual, other organization and reason therefore.

\_\_\_\_\_

\_\_\_\_\_

5. Has any officer or partner of your organization ever failed to complete a construction contract handled in his own name? If so, state name of individual, name of owner and reason therefore.

\_\_\_\_\_

\_\_\_\_\_

6. In what other lines of business are you financially interested?

\_\_\_\_\_

\_\_\_\_\_

7. Has your company been cited by OSHA or a similar agency in the past 2 years? \_\_\_\_\_  
If so, submit copies of citations. Does your company have any outstanding or ongoing  
citations? \_\_\_\_\_ If so, for what? \_\_\_\_\_

\_\_\_\_\_

8. Has your company been cited by Maryland Department of the Environment or a similar  
agency in another state in the past 2 years? \_\_\_\_\_ If so, submit copies of citations.  
Does your company have any outstanding or ongoing citations? \_\_\_\_\_ If so, for what?

\_\_\_\_\_

\_\_\_\_\_

9. Provide a list of machinery & equipment owned by your company to complete the  
specified work in question. (This section to be duplicated & filled in for each type of  
work being applied for. i.e. water, sewer, storm drain, paving, concrete curb & gutter,  
etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. For whom have you performed work? (This section to be duplicated & filled in for each  
type of work being applied for. i.e. water, sewer, storm drain, paving, concrete curb &  
gutter, etc.)

Location & Description of Work  
w/ phone number & contact person

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_  
(Note: Show additional work on an attached sheet)

11. Submit resume for superintendent and / or other persons directly responsible for each type of work being applied for; i.e. water, sewer, storm drain, concrete, etc.

12. Submit name of project & location that this approval is being requested for.

\_\_\_\_\_

13. What is the construction experience of the principal individuals of your organization?

Name	Present Position	Years Const. Experience	Magnitude & Type of Work	In What Capacity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
(Signature) (Title) (Date)

**This questionnaire is for the contractor performing the actual work.**