



# City of Salisbury

## CITY APPROVED CONTRACTOR APPLICATION

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

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

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

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

24-HR EMERGENCY CONTACT NUMBER: \_\_\_\_\_

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"/> Concrete Services (Grinding, Cutting & Raising) |

Return to: Construction Management Office  
Department of Infrastructure & Development  
125 North Division Street, Room 202  
Salisbury, Maryland 21801

**EXPERIENCE QUESTIONNAIRE**

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

1. Maryland General Contractor Number: \_\_\_\_\_
2. License Category or Categories: \_\_\_\_\_
3. Submit company's Trade Name Certification
4. Submit Proof of Liability Insurance. Insurance must be in effect at all times; additional insurance requirements may apply for work performed on City Contract or Purchase Orders.
5. How many years has your organization been in business as a general contractor under your present business name?  
  
\_\_\_\_\_
6. How many years' experience in work has your organization had?  
  
A: As a general contractor \_\_\_\_\_  
  
B: As a sub-contractor \_\_\_\_\_
7. Have you ever failed to complete work awarded to you? If so, where and why?  
  
\_\_\_\_\_  
  
\_\_\_\_\_
8. 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.  
  
\_\_\_\_\_  
  
\_\_\_\_\_

9. 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.

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

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11. 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? \_\_\_\_\_

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12. 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?

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13. 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.)

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14. 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.) Note: references are to be independent third parties unrelated to applicants.

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)

15. 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.

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

\_\_\_\_\_

\_\_\_\_\_

17. 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Principal Officer (printed): \_\_\_\_\_

\_\_\_\_\_  
(Signature of Principal Officer) (Title) (Date)

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

Note: Approval as a City Approved Contractor is non-transferrable.  
Attach Trade Name Certification, Proof of Liability Insurance, resumes, additional references, and any other requested or supporting documentation to this application.  
Incomplete applications will be rejected due to insufficient information.

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