



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.

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

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? _____

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?

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.)

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.