

Summary of Qualifications: APPENDIX B

Instructions: Please fill out the information below and insert into RFQ Package as the first page of "B. Summary of Qualifications."

Company/Firm Name:	
Company/Firm Start Date:	
Type of Business:	<input type="checkbox"/> Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual
Local, Small, and Disadvantaged Business Enterprise (LSDBE):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3 Business:	<input type="checkbox"/> Yes <input type="checkbox"/> No
License Number:	
License Class:	
Certifications:	

I acknowledge to the best of my knowledge that all of the information provided above is a true and faithful. I am duly authorized to negotiate, sign for, and make binding commitments for the proposing company/firm.

Date

Signature

Print Name & Title