### **THE METROPOLITAN ST. LOUIS SEWER DISTRICT**

2350 Market Street

St. Louis, MO 63103

Attn: Purchasing Department

Elizabeth Goetz (314) 768-6269 egoetz@stlmsd.com

and

Stacey Hunter (314) 436-8738 shunter@stlmsd.com



## CONSTRUCTION PRE-QUALIFICATION APPLICATION

## (**6/1/21**)

## **For the Period of 9/1/2021 thru 8/31/2022**

(USED IN PRE-QUALIFYING **ALL NEW BIDDERS**, **EXISTING BIDDERS REQUESTING NEW WORK CATEGORIES** & **ANNUAL RENEWALS** ON CAPITAL CONSTRUCTION WORK)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMITTED BY (COMPANY NAME)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY, STATE, ZIP CODE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT NAME (FOR BID NOTICES, PROJECT COMMUNICATION & QUESTIONS)**

­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT TELEPHONE NUMBER & EMAIL ADDRESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TAX ID NUMBER**

(Any Company name or combination, other than the one listed above on this Pre-Qualification Application, wishing to perform work for the Metropolitan St. Louis Sewer District will have to submit a separate, full Pre-Qualification Application)

**PRE-QUALIFICATION CHECK LIST**

# (IMPORTANT: Below is a checklist of required documentation)

* Signed Vendor’s Conflict of Interest Statement (Page 5).
* Boxes checked indicating type of work for which qualification is requested (Page 8).
* Type of Organization & bonding capacity indicated (Pages 9-11).
* Project experience in the category(s) for which you want to qualify (Pages 12-28).
* Equipment Sheet is complete (Page 29).
* Affidavit is complete with Notary Seal for whichever type of business is applicable (38-42).
* Attach Certificate from the Secretary of State (Certificate of Good Standing) showing company is authorized to transact business in the State of Missouri.
* Contractor and Contractor’s Insurance Broker must sign the Insurance Requirements for Annual Pre-Qualification Document (page 37).
* Attach copy (front/back) of drain layers license for City of St. Louis **and/or** St. Louis County (required for Sewer Construction and Deep Sewer Construction categories).
* Demolition work for MSD within the City of St. Louis – attach certification for specific CITY classification.
  + Class I – no building size restrictions.
  + Class II Limited to buildings under 3 stories/50 feet high/50,000 square feet area/200,000 cubic feet volume.
  + Buildings under 1 ½ stories/10,000 cubic feet volume, with no basement, require no demolition license.
  + St. Louis County does not require license/certification.
* Supplier form (can be found here: <https://msdprojectclear.org/doing-business/suppliers/>

(Download “New Supplier Data Form”). Please submit this with your package if you are a new bidder or if you are an existing bidder and you have any changes to your contact information or company.

* Attach copy of your W-9

**RULES FOR PREQUALIFICATION OF CONTRACTORS**

**ON WORK LET BY CONTRACT WITH**

**THE METROPOLITAN ST. LOUIS SEWER DISTRICT**

1. An applicant for pre-qualification must furnish detailed information with respect to its equipment, past record, personnel, and experience, together with other information as is called for in this Prequalification Application.

2. A contractor must be prequalified prior to bid opening of a project.

3. Any combination of contractors bidding jointly becomes a new contracting firm and it must be pre-qualified in accordance with these rules. All applications shall be in writing and signed by the principal parties in the new contracting firm.

4. Pre-qualification Renewal Application forms must be submitted to the District by July 31st of each year. This form must be completed in detail. The District may require any additional information deemed necessary for pre-qualification. Newly approved contractors pre-qualified on or after Jan. 31, 2021 will not need to submit a renewal application until the following year.

1. No bidder will be pre-qualified unless its Pre-qualification Application indicates that it has the experience, organization, and equipment, sufficient in the judgment of the District, that it can satisfactorily execute its contracts and meet its obligations therein incurred.
2. The Financial Statement of the controlling individual or corporate owner of the business may be requested by MSD as part of the pre-qualification review.

7**.** If any significant change occurs in the information included on the contractors’ pre-qualification application, notice shall be given to the District immediately**.**

8. All corporations must furnish a certificate from the Secretary of State showing that it is authorized to transact business in the State of Missouri

9. A copy (front/back) of the applicable drain layers license from the City and/or County of St. Louis is required for Sewer Construction or Deep Sewer Construction.

10. Demolition work for MSD within the City of St. Louis – attach certification for specific CITY classification.

* + Class I – no building size restrictions.
  + Class II Limited to buildings under 3 stories/50 feet high/50,000 square feet area/200,000 cubic feet volume.
  + Buildings under 1 ½ stories/10,000 cubic feet volume, with no basement, require no demolition license.
  + St. Louis County does not require a license.

**NOTE:** It is important that the work experience pages in Section V be completed and that it contains projects of the type for which pre-qualification is being requested. *Pre-qualification will not be granted for types of work that you subcontract to others.*

**IMPORTANT INFORMATION FOR PROSPECTIVE BIDDERS**

1. CONTRACT DOCUMENTS

Contract documents include, but may not be limited to; the advertisement, Instructions to Bidders, Proposal, General Specifications, Detailed Specifications, Agreement, Bond Form, and Plans. The documents are available on and after the day advertisement is published and will be available via MSD’s website at <https://msdprojectclear.org/doing-business/capital-improvement-replacement-program/capital-construction/>. Look for a link to “ELECTRONIC PLANROOM”. Plans and specifications are also available for viewing or purchase at Cross Rhodes Reprographics located at 2731 South Jefferson, St Louis, Missouri 63118.

1. PREQUALIFICATION

A contractor must be pre-qualified *prior* to bids being opened.

1. MINIMUM WAGE AND EMPLOYMENT DISCRIMINATION

The minimum wage to be paid to all labor will be shown in the contract documents where applicable. Prevailing rates of pay shall be paid to skilled and unskilled labor, and there shall be no discrimination in the selection or employment of labor on account of race, creed, or color.

1. BID SECURITY

The bid shall be accompanied by a certified check or cashier's check drawn on a bank or trust company located in either St. Louis City or County or by a bid bond issued by a surety company satisfactory to the District and which is authorized to transact business in Missouri.

1. RIGHT TO REJECT

The Metropolitan St. Louis Sewer District reserves the right to reject any and all bids and to waive technicalities.

**VENDOR’S CONFLICT OF INTEREST STATEMENT**

1. Name the individual or company requesting to do business with The Metropolitan St. Louis Sewer District (MSD).

2. In the past two (2) years has the individual or company name in 1. above (or any principal of such company, i.e. partner, officer, director, etc.) contributed cash or gifts in excess of $200.00 in value in the aggregate in any calendar year to any of the individuals or organizations listed on Attachment A hereto?

Yes No

If yes, describe in detail (date/amount/description).

1. In the past two (2) years, has the individual or company named in 1. above done business with any person listed in Attachment A and/or their respective companies.

Yes No

If yes, describe in detail (date/amount/description).

4. The undersigned certifies that the above information is true and correct to the best of his or her knowledge and belief.

Dated this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 20 \_

Printed Name:

Title:

Company Name:

Signature:

 **ATTACHMENT A**

**NOTE:** Attachment A contains a list of the MSD Trustees and their respective employer, MSD officers and Directors, and the organizations which each are individually associated with, as applicable.

|  |  | **Updated June 1, 2021** |  |  |
| --- | --- | --- | --- | --- |
|  |  | **MSD BOARD OF TRUSTEES & DIRECTORS** |  |  |
| **Trustee/Director** |  | **Name of Firm, Organization or Company** |  | **Affiliation** |
|  |  |  |  |  |
| **Bret A. Berthold** |  | American Water Works Association (AWWA) |  | Member |
| ***Director*** |  | Engineers Club of St. Louis |  | Member |
|  |  | Missouri Water Environment Association |  | Member |
|  |  | National Association of Clean Water Agencies (NACWA) |  | Member |
|  |  | Water Environment Federation |  | Member |
|  |  |  |  |  |
| **Tracey Coleman** |  | Association for Talent Development |  | Member |
| ***Director*** |  | St. Elizabeth Mother of John the Baptist |  | Member |
|  |  | Society for Human Resource Management |  | Member |
|  |  |  |  |  |
| **Michael Evans** |  | AFL-CIO Lawyers Coordinating Committee |  | Member |
| ***Trustee*** |  | Bar Association of Metropolitan St. Louis |  | Member |
|  |  | Hartnett Reyes-Jones, LLC |  | Partner |
|  |  | International Foundation of Employee Benefit Plans |  | Member |
|  |  | Kentucky Bar Association |  | Member |
|  |  | Missouri Bar Association |  | Member |
|  |  | St. Louis City Labor Legislative Club |  | Member |
|  |  |  |  |  |
| **Amy L. Fehr** |  | Algonquin Golf Club |  | Member |
| ***Trustee*** |  | American Bar Association |  | Member |
|  |  | Bar Association of Metropolitan St. Louis |  | Member |
|  |  | Capes, Sokol, Goodman and Sarachan, PC |  | Shareholder & Director |
|  |  | Federal Bar Association, St. Louis Chapter |  | Member |
|  |  | Missouri Bar Association |  | Member |
|  |  |  |  |  |
| **Marion M. Gee** |  | American Water Works Association (AWWA) |  | Member |
| ***Director*** |  | Church on The Rock |  | Member |
|  |  | Government Finance Officers Association (GFOA) |  | Executive Board |
|  |  | Missouri Government Finance Officers Association |  | Member |
|  |  |  |  |  |
| **Brian Hoelscher** |  | Engineers Club of St. Louis |  | Member |
| ***Executive Director*** |  | Missouri Water Environment Association |  | Member |
|  |  | National Association of Cleanwater Agencies (NACWA) |  | Executive Board |
|  |  | Project MOSAIC |  | Ambassador/Connector |
|  |  | Washington University in St. Louis - W Club |  | Executive Council |
|  |  | Water Environment Federation |  | Member |
|  |  |  |  |  |
| **Susan M. Myers** |  | Association of Corporate Counsel |  | Member |
| ***Director*** |  | Association of Missouri Cleanwater Agencies (AMCA) |  | Board Member |
|  |  | Bar Association of Metropolitan St. Louis |  | Member |
|  |  | Missouri Bar Association |  | Member |
|  |  | National Association of Cleanwater Agencies (NACWA) |  | Member |
|  |  |  |  |  |
| **Greg Nicozisin** |  | Plumbers & Pipefitters Local 562 |  | Member |
| ***Trustee*** |  |  |  |  |
|  |  |  |  |  |
| **Betsy Schubert** |  | Institute for Supply Management |  | Member |
| ***Manager*** |  |  |  |  |
|  |  |  |  |  |
| **Timothy R. Snoke** |  | Contractor Loan Fund |  | Board Member, Executive Committee |
| ***Director*** |  | Government Finance Officers Association |  | Member |
|  |  | Institute of Management Accountants |  | Member |
|  |  | St. John's Lutheran Church |  | Member |
|  |  | St. Louis Treasury Management Association |  | Member |
|  |  |  |  |  |
| **Jonathon Sprague** |  | American Water Works Association (AWWA) |  | Member |
| ***Director*** |  | Engineers Club of St. Louis |  | Member |
|  |  | Missouri Water Environment |  | Member |
|  |  | National Association of Clean Water Agencies (NACWA) |  | Member |
|  |  | Water Environment Federation |  | Member |
|  |  |  |  |  |
| **Rich L. Unverferth** |  | Engineers Club of St. Louis |  | Member |
| ***Director*** |  | Knights of Columbus - Council 2119 Webster Groves |  | Member |
|  |  | National Association of Clean Water Agencies (NACWA) |  | Member |
|  |  | St. Michael the Archangel Catholic Parish |  | Member |
|  |  |  |  |  |
| **Brian Wahby** |  | Democratic National Committee |  | Member |
| ***Trustee*** |  | St. Raymond's Maronite Catholic Church |  | Member |
|  |  |  |  |  |
| **Brian K. Watson** |  | Laborers' Local 42 |  | Member |
| ***Trustee*** |  |  |  |  |
|  |  |  |  |  |
| **Ret. Col. Richard R. Wilson** |  | American Institute of Parliamentarians |  | Member |
| ***Trustee*** |  | Anniversary Club |  | Member |
|  |  | Oaks Social Club |  | Treasurer |
|  |  | Pathfinders Golf Club |  | Treasurer |
|  |  | Pin High Golf Club |  | Member |
|  |  | Reserve Officers Association |  | Member |
|  |  | Royal Vagabonds Foundation, Inc. |  | Board Member |
|  |  | Royal Vagabonds,Inc. |  | Member |
|  |  |  |  |  |
|  |  |  |  |  |

**APPLICATION FOR CERTIFICATE OF QUALIFICATION TO BID**

The undersigned hereby applies to the Metropolitan St. Louis Sewer District for approval to bid the following types of work: (**Check each type of work for which qualification is requested**)

\_\_\_\_\_\_\_\_ Sewer Construction

Section V. A., Pages 12-13. Drain layers license **required** for City &/or County.

\_\_\_\_\_\_\_\_ Deep Sewer Construction

Section V. B., Pages 14-15. Drain layers license **required** for City &/or County. To qualify in this category a contractor must demonstrate experience on multiple projects that are deemed complex by the District.  Typically a project would be considered complex when the installation of the pipe required excavation at depths greater than 20 feet for an extended length along with one or more of the following addition construction challenges: significant involvement with trench bracing for urban type features; significant amounts of Class “A” or Class “B” excavation; significant amount of poor soil conditions; significant length of large diameter pipe installation (36-inch or larger); or installation in locations having extremely limited working room.  The District shall be the sole judge as to whether a project is considered complex.

\_\_\_\_\_\_\_\_ Building Construction

Section V. C., Page 16

\_\_\_\_\_\_\_\_ Natural Channel Stabilization

Section V. D., Page 17

\_\_\_\_\_\_\_\_ Green Infrastructure and Bio-Retention

Section V. E., Page 18

\_\_\_\_\_\_\_\_ Pipe and Manhole Rehabilitation

Section V. F., Page 19

Cured-In-Place Pipe (CIPP)

Section V. G, Pages 20 - 21

Cured-In-Place Lateral Liner (CIPL)

Section V. H, Pages 22 & 23

\_\_\_\_\_\_\_\_ Concrete Channels, Walls and Structures

Section V. I., Page 24

\_\_\_\_\_\_\_\_ Mechanical/Electrical/Plumbing

Section V. J., Page 25

\_\_\_\_\_\_\_\_ Tunneling / Trenchless

Section V. K., Page 26

\_\_\_\_\_\_\_\_ Demolition

Section V. L., Pages 27-28; and for explanation of Class I & II

\_\_\_\_\_\_\_\_ St. Louis County Demolition

\_\_\_\_\_\_\_\_ St. Louis City – Class I and II

\_\_\_\_\_\_\_\_ St. Louis City – Class II only

Attach **required** certification for specific CITY classification requested

TYPE OF ORGANIZATION (Check Applicable Category)

\_\_\_\_\_ Corporation \_\_\_\_\_\_ Partnership \_\_\_\_\_\_ Joint Venture \_\_\_\_\_\_ Individual \_\_\_\_\_\_\_\_\_LLC

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Firm Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

**THE SIGNATORY OF THIS APPLICATION GUARANTEES**

**THE TRUTH AND ACCURACY OF ALL STATEMENTS AND OF**

**ALL ANSWERS HEREINAFTER MADE**

Please list any previous experience or projects your company has completed for each category you are requesting approval for, and any references you can provide. Attach additional sheets if necessary.

Name of Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) A corporation

( ) A partnership

( ) A joint venture

( ) An individual

( ) A limited liability corporation

( ) MWBE (Minority or Woman Business Enterprise)

If MWBE, what is the name of the agency/organization that issued the certification document?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a copy of your certification document to this application.

Incorporated or organized:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radius of operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of work done: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work usually sublet:

Name of Bonding Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Bonding Capacity of Firm $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I.** How many years have you operated under the above name:

(a) As general contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) As subcontractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II.** List other names under which you have operated:

Name of company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of work done \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operated during period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of work done \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operated during period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. List of all partners or officers: (Note: if partnership limited, explain and please list full 100% ownership)**

Name and title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fractional interest in firm or number of shares owned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fractional interest in firm or number of shares owned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fractional interest in firm or number of shares owned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. What is the construction experience of the principal individuals of your organization? (This includes the job superintendent).**

An individual’s name

Present position or office

Years of construction experience

Magnitude and type of work

An individual’s name

Present position or office

Years of construction experience

Magnitude and type of work

An individual’s name

Present position or office

Years of construction experience

Magnitude and type of work

**V. Only list projects completed or in progress within the last five years in the categories for which you want to qualify~~.~~ Attach additional sheets if necessary.**

**SECTION A. - Sewer Construction (See definition on page 8 – Drain Layers License required for CITY &/or COUNTY – Please attach copy - front/back)**

(Includes storm sewer, sanitary sewers, and small pump stations)

1. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size and length laid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size and length laid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size and length laid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size and length laid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size and length laid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B. - Deep Sewer Construction (See definition Page 8 - Drain Layers License required for CITY &/or COUNTY – please attach copy - front/back)**

(Includes sanitary sewer, storm sewer, and small pump stations)

1. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size, average depth and length laid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was complex about this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size, average depth and length laid \_\_\_\_\_\_

What was complex about this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size, average depth and length laid \_\_\_\_\_\_

What was complex about this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size, average depth and length laid \_\_\_\_\_\_

What was complex about this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe size, average depth and length laid \_\_\_\_\_\_

What was complex about this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

**SECTION C - Building Construction**

(Includes large pump stations, treatment plants, and operational facilities)

1. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone Number of Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

**SECTION D. Natural Channel Stabilizatio**n:

1. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_ When Completed or Percent Complete

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify channel stabilization methods installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify channel stabilization methods installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify channel stabilization methods installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner

4. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify channel stabilization methods installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

**SECTION E. Green Infrastructure and Bio-Retention**

1. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_When Completed or Percent Complete

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify green infrastructure methods installed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify green infrastructure methods installed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify green infrastructure methods installed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify green infrastructure methods installed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

**SECTION F. - Pipe and Manhole Rehabilitation (Give pipe sizes)**

(Includes point repair, pipe bursting, slip lining, etc.)

1. Project name, scope and description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Project name, scope and description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Project name, scope and description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner

4. Project name, scope and description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

**SECTION G. – Cured-in-Place Pipe (CIPP)**

Statement of Qualifications for Cured-in-Place Pipe

1. Project name, scope and description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Manufacturer of CIPP product \_\_\_\_\_\_\_\_\_\_\_ Trade Name of CIPP product \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Component materials of CIPP (i.e. non-woven polyester felt tube and epoxy vinyl ester resin) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Installation Method: Invert: \_\_\_\_\_ Pull-In: \_\_\_\_\_

Installed Pipe Length: \_\_\_\_\_ Pipe Sizes: \_\_\_\_\_

Pipe Type: Gravity \_\_\_\_ Pressure \_\_\_\_\_\_\_

Project Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant ASTM Specification:

ASTM F-1216\_\_\_\_ ASTM F-1743 \_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lowest 3rd Party D790 Testing Results on Project:

Flexural Strength \_\_\_\_\_\_\_\_\_\_\_\_\_ Flexural Modulus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tensile Strength \_\_\_\_\_\_\_\_\_\_\_\_\_ (only applicable for pressure pipe)

1. Project name, scope and description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Manufacturer of CIPP product \_\_\_\_\_\_\_\_\_\_\_ Trade Name of CIPP product \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Component materials of CIPP (i.e. non-woven polyester felt tube and epoxy vinyl ester resin) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Installation Method: Invert: \_\_\_\_\_ Pull-In: \_\_\_\_\_

Length of Pipe Installed: \_\_\_\_\_\_\_ Pipe Size: \_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe Type: Gravity \_\_\_\_\_\_\_ Pressure \_\_\_\_\_\_\_

Project Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant ASTM Specification:

ASTM F-1216\_\_\_\_ ASTM F-1743 \_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_

Lowest 3rd Party D790 Testing Results on Project:

Flexural Strength \_\_\_\_\_\_\_\_\_\_\_\_\_ Flexural Modulus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tensile Strength \_\_\_\_\_\_\_\_\_\_\_\_\_ (only applicable for pressure pipe)

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

**SECTION H. – Cured in Place Lateral Lining (CIPL)**

**Statement of Qualifications for cured-in-place lateral lining (includes cured-in-place lateral connection repairs).**

1. Project name, scope and description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Manufacturer of CIPL product \_\_\_\_\_\_\_\_\_\_\_ Trade Name of CIPL product \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Component materials of CIPL (i.e. non-woven polyester felt tube and epoxy vinyl ester resin) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Laterals Lined: \_\_\_\_\_\_\_\_ Total Length of Laterals Lined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manufacturer of Water Tight Seal (waterstop): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manufacturer of Lateral Connection Repair (LCR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach written documentation from manufacturer certifying that contractor is an approved installer of their product).**

No. of LCR’s Installed: \_\_\_\_\_\_\_\_\_\_

Project Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant ASTM Specification:

Lowest Value of 3rd Party D790 Testing Results on Project:

Flexural Strength \_\_\_\_\_\_\_\_\_\_\_\_ Flexural Modulus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Project name, scope and description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Manufacturer of CIPL product \_\_\_\_\_\_\_\_\_\_\_ Trade Name of CIPL product \_\_\_\_\_\_\_\_

Component materials of CIPL (i.e. non-woven polyester felt tube and epoxy vinyl ester resin) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Laterals Lined: \_\_\_\_\_\_\_\_ Total Length of Laterals Lined: \_\_\_\_\_\_\_\_\_\_

Manufacturer of Water Tight Seal (waterstop): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manufacturer of Lateral Connection Repair (LCR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach written documentation from manufacturer certifying that contractor is an approved installer of their product).**

No. of LCR’s Installed: \_\_\_\_\_\_\_\_\_\_

Project Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant ASTM Specification:

Lowest Value of 3rd Party D790 Testing Results on Project:

Flexural Strength \_\_\_\_\_\_\_\_\_\_\_\_ Flexural Modulus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

**SECTION I. - Concrete Channels, Walls & Structures**

1. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

**SECTION J. - Mechanical/Electrical/Plumbing**

1. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

S**ECTION K. – Tunneling / Trenchless**

1. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all experience for the past five years in the categories for which you want to qualify. List projects that are completed or in progress, attach additional sheets if necessary.**

SECTION L. – Demolition

Demolition work for MSD within the City of St. Louis – Please attach required certification for specific CITY classification.

Class I–no building size restrictions.

Class II -limited to buildings under 3 stories / 50 feet high / 50,000 square feet area / 200,000 cubic feet volume. Buildings under 1 ½ stories / 10,000 cubic feet volume, with no basement, require no demolition certification.

St. Louis County – does not require certification.

**1**. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3**. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4**. Contract Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Completed or Percent Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If project is in MSD District Boundaries, please indicate P# or MSD Contract No.: \_\_\_\_\_\_\_\_

Name, Address & Phone # of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EQUIPMENT**

(What equipment do you own that is available for proposed work?)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| QUANTITY | ITEM | DESCRIPTION, SIZE, CAPACITY, ETC | EQUIP  HOURS | CONDITION | YEARS OF SERVICE | PRESENT  LOCATION |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\* Condition shall be graded as follows:

New under 12 months Over 12 months old Rebuilt

N-1 0-1 (Good) R-1

0-2 (Average) R-2

0-3 (Fair) R-3

0-4 (Poor) R-4 (Poor)

**REVISED INSURANCE PROVISIONS** Effective March 11, 2021

Within ten days after being issued an Intent to Award or Notice of Award of a Contract and prior to the commencement of work for the District, the Contractor must provide satisfactory Certificates of Insurance on ISO ACORD 25 Form or current equivalent to the District, indicating that the Contractor has obtained and will continue to carry commercial general liability, business auto liability, workers’ compensation/employers’ liability and excess (umbrella) liability as required, and pollution, professional, cyber and aviation liability as required if applicable to the Contract. The initial and renewal Certificates of Insurance must identify the MSD Project and Contract by name and reference number.

The Contractor shall carry and maintain for the life of the Contract adequate liability insurance as required by the Contract with a company or companies satisfactory to the District and which are:

▪ Licensed to do business in the State of Missouri (Admitted) with a financial strength rating of “A-” or better and a financial size category of Class VI or higher per AM Best Company; or

▪ Not licensed in the State of Missouri (Non-admitted) with a financial strength rating of “A” or better and a financial size category of Class IX or higher per AM Best Company; or

▪ For workers compensation coverage only, organized pursuant to the Missouri Insurance

Company Act (R.S.Mo §§ 287.900 to 287.920).

The insurance carrier will be acceptable regardless of the above requirements if the insurance company furnishes a bond guarantee or policy containing a provision (commonly referred to as a “cut-through” endorsement) giving all claimants thereunder a direct right of recovery against the company’s reinsurer, provided the reinsurer meets one of the qualifications listed above.

The District and its Trustees, directors, officers, agents and employees, shall be named as “Additional Insured(s)” for all required insurance coverage (with the exception of pollution liability, professional liability and workers compensation coverage) with respect to the work covered by the Contract. The Contractor shall require that its sub-contractor name the District and the Contractor as “Additional Insured(s)”. The Contractor shall name any Consultant and Sub-consultant for the Project as Additional Insured(s) on the commercial general liability coverage applicable to the Project. The additional insured coverage must be sufficiently broad to afford the District coverage as required by the indemnification provision of the Contract and must include products and completed operations coverage.

The amounts of coverage required herein shall not be construed to limit the liability of the Contractor under the indemnification provision of the contract. The limits of liability shall not be for less than the amounts listed below and shall be in larger amounts if such are required in the project specifications.

Deductible/Self-Insured Retention:

In any coverage a deductible or retention that exceeds $100,000 shall be noted and approved by the District’s Insurance and Safety Group. The District will reserve the right to review the funding for any deductible or retention program. Satisfaction of any such deductible or retention shall be the sole responsibility of the Contractor. If self-insured, the District reserves the right to request acceptable proof of financial responsibility before approval.

Cancellation

Should any of the required insurance coverage be cancelled prior to the expiration date, the Contractor must provide at least sixty (60) days written notice to the District prior to the cancellation. For policy cancellation for non-payment of premium by the Contractor, the Contractor must notify the District at least ten (10) calendar days prior to the cancellation. Cancellation provisions within any coverage shall be in accordance with Missouri Cancellation and Non-Renewal provisions. It is the duty of the Contractor to notify the District of any cancellation or non-renewal and provide the District 60 days’ notice.

Replacement Policy

Should any of the required insurance coverage be cancelled, terminated or materially altered, the Contractor will send written notice to MSD at least sixty (60) days prior to the effective date of said cancellation, termination or alteration. Upon receipt of any notice of insurance cancellation, termination or alteration, the Contractor shall within thirty (30) days procure other policies of insurance identical in all material respects to the policy or policies about to be cancelled, terminated or altered, and shall provide the District with evidence of coverage before the alteration, cancellation or termination date; and if the Contractor fails to provide, procure and deliver acceptable policies of insurance and satisfactory certificates or other evidence thereof, the District may obtain such insurance at the cost and expense of the Contractor without notice to Contractor or may elect to pursue any other remedy permitted by law or the contract terms, including but not limited to termination of the contract.

The coverage and minimum limits of liability shall be in accordance with the specifications below except as may be specifically modified by the Project specifications:

**REQUIRED COVERAGES & MINIMUM LIMITS:**

A. Commercial General Liability (occurrence form)

$1,000,000 Each Occurrence

$1,000,000 Aggregate/Per Project\*

\*The aggregate limits must be provided on a per project basis. Aggregate limits not provided on a per project basis must be noted on the Certificate of Insurance and the District must approve in advance.

The Commercial General Liability (CGL) policy shall include the following:

▪ Premises – Operations Liability

▪ Blanket Contractual Liability

▪ Products & Ongoing and Completed Operations Liability

▪ Contractor’s Protective Liability (Independent Contractors)

▪ Personal Injury Liability

▪ Broad Form Property Damage Liability Endorsement

▪ Coverage for explosion, collapse and underground hazards (XCU)

▪ Blasting (provided that blasting coverage may be excluded if not to be performed in connection with the work)

If any exceptions or exclusions have been made to the standard CGL Policy, the exceptions and exclusions must be specifically listed and identified in the Description of Operations section of the Certificate of Insurance and must be submitted to the District for approval.

If using a non-standard policy form (Form CG 00 01 04 13 or equivalent), then additional endorsements may be required.

The commercial general liability policy must provide primary and non- contributory coverage that is equivalent to the terms of ISO Form CG 20 01 04

13, Primary and Noncontributory Other Insurance Conditions (or current equivalent).

The commercial general liability coverage including products and completed operations shall be maintained for a minimum period of five (5) years following final payment. Renewal certificates should be sent to the same party that signed the original contract.

B. Business Automobile Liability

$1,000,000 Combined Single Limit

Insurance shall apply to all owned, non-owned and hired vehicles. Such insurance shall not be required if the Contractor acts as a supplier and exclusively uses third party commercial carriers and shippers. An MCS-90 endorsement shall be included on the policy when required by Missouri law.

C. Workers Compensation & Employers’ Liability

Workers Compensation: Statutory Limits

Workers Compensation Insurance shall comply with all applicable State

Workers (USL&H) Act and Jones Act.

Employers’ Liability:

$500,000 Each Accident

$500,000 Disease Each Employee

$500,000 Disease Policy Limit

D. Excess (Umbrella) – Applies to Commercial General Liability, Business Auto &

Employers’ Liability

Excess coverage must be provided with the following limits for each of the Commercial General Liability, Business Auto and Employers’ Liability coverages. These limits are in addition to the primary limits set forth above.

For All Contracts:

$2,000,000 Each Occurrence

$2,000,000 Aggregate

For Contracts Less than $25,000:

$1,000,000 Each Occurrence

$1,000,000 Aggregate

E. Contractor’s Pollution Liability (if required by project scope)

For contracts in excess of $100,000, the Contractor, if providing subsurface, geo- technology and/or landscaping services, shall carry and maintain (or shall require any sub-consultant providing geo-technology services to carry and maintain) in force for the full period of the contract, contractor’s pollution liability insurance coverage for losses caused by sudden and non-sudden pollution conditions that arise from the operations of the Contractor and/or its sub-consultant(s). The pollution liability insurance shall apply to bodily injury and property damage, including loss of use of the damaged property or property that has not been physically injured, and shall cover cleanup, transportation, disposal, remediation, and defense costs, including all expenses incurred in the investigation, defense, payment or settlement of claims. The District shall be identified on the pollution liability insurance as a certificate holder.

$2,000,000 Per Claim or Per Occurrence

$2,000,000 Aggregate

If Pollution Liability insurance is provided on a claims-made basis, the Contractor or sub-consultant as applicable shall maintain the coverage in force for the full period of the contract and five (5) years after completion of the project. Renewal certificates should be sent to the same party that signed the original contract. NOTE: For contracts less than $100,000, the District does not require the Contractor to provide pollution liability coverage for the District. The Contractor may wish to provide such coverage for its own protection. The District is not providing such coverage to the Contractor.

F. Professional Liability/Errors & Omissions for Professional Services Contracts (if required by project scope).

Required if the Contractor is providing professional advice and/or opinions to the District, including but not limited to the following areas: Healthcare, IT (excluding software maintenance and similar agreements), facility security services, engineering, lobbying, public relations/media, legal, accounting, insurance, investment/financial advisory and actuarial services.

$2,000,000 Per Claim

$2,000,000 Aggregate

The Contractor shall maintain in force for the duration of the contract errors and omissions/professional liability insurance appropriate to the Contractor’s profession. Coverage as required in this Article shall apply to liability for professional errors, acts or omissions arising out of the scope of the Contractor’s services as set forth in the contract and the project specifications. The insurance coverage shall be retroactive to the earlier of the date of the contract or the commencement of the Contractor’s work on the project, and the Contractor shall cause the same to remain in effect for a period of at least five years after final acceptance of the project by the District or such other period as may be set forth in the Contract Documents.

NOTE: If Contractor provides combined Pollution Liability and Professional Liability coverage, separate limits in the amounts required must be provided. If a policy aggregate applies, the certificate of insurance must so indicate, and the amount must be approved by the District.

G. Cyber Risk Liability Insurance

To the extent the Contractor is providing any services for the District that involve access to Information Services and electronic data and records, including but not limited to data or information involving District personnel or customers, then the Contractor shall carry cyber risk insurance with the limits set forth below. Contractor shall maintain in force for the duration of the contract Cyber Liability coverage including without limitation, unauthorized access, unauthorized use, virus transmissions, denial of service, personal injury, liability of the Contractor and liability of the District arising out of acts or omissions of the Contractor with respect to design and development of the system used to operate and maintain the service.

$2,000,000 Per Claim or Occurrence

$2,000,000 Aggregate

If coverage as required is written on a claims-made basis, the Contractor warrants that any retroactive date applicable to coverage under the policy precedes the effective date of this contract; and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of five (5) years beginning from the time that work under this contract is completed. Renewal certificates should be sent to the same party that signed the original contract.

In addition to the above, to the extent required by the scope of the services to be provided by Contractor, the following additional coverage may be required as indicated:

1. Network Privacy and Security

If the Contractor provides services that require direct access to the District’s systems or holding sensitive information of the District, its employees or its customers, then network security/privacy coverage is required.

Additionally, the Contractor is required to protect the customer or employee’s personally identifiable information (PII) to which the Contractor has access or is holding.

$2,000,000 Per Claim or Occurrence

$2,000,000 Aggregate

The Cyber exposures to be covered under network privacy and security coverage should include the following:

-Hostile action or a threat of hostile action with the intent to affect, alter, copy, corrupt, destroy, disrupt, damage, or provide unauthorized access/unauthorized use of a computer system, including exposing or publicizing confidential electronic data or causing electronic data to be inaccessible;

-Computer viruses, Trojan horses, worms, and any other type of malicious or damaging code;

-Dishonest, fraudulent, malicious, or criminal use of a computer system by a person, whether identified or not, and whether acting alone or in collusion with other persons, to affect, alter, copy, corrupt, delete, disrupt, or destroy a computer system or obtain financial benefit for any party or to steal or take electronic data;

-Denial of service for which the Contractor is responsible that results in the degradation of or loss of access to Internet or network activities or normal use of a computer system;

-Loss of service for which the Contractor is responsible that results in the inability of a third party, which is authorized to do so, to gain access to a computer system and conduct normal Internet or network activities;

-Access to a computer system or computer system resources by an unauthorized person or an authorized person in an unauthorized manner; and

-Loss or disclosure of PII or confidential information no matter how such loss occurs.

1. Technology Errors & Omissions

If the Contractor is required to engage in software, hardware, or systems development, technology E&O coverage is required.

$2,000,000 Per Claim or Occurrence

$2,000,000 Aggregate

The activities of the Contractor to be covered shall include the following:

-Systems analysis;

-Software design;

-Systems programming;

-Data processing;

-Systems integration;

-Outsourcing, including outsourcing development and design;

-Systems design, consulting, development, and modification;

-Training services relating to computer software or hardware;

-Management, repair, and maintenance of computer products, networks, and systems;

-Marketing, selling, servicing, distributing, installing, and maintaining computer hardware or software; and

-Data entry, modification, verification, maintenance, storage, retrieval, or preparation of data output.

H. Aircraft Third Party, Property Damage & Passenger Legal Liability (Aviation Coverage) (If required by project scope)

The Contractor, if providing any type of aviation services, including but not limited to the use of drones, shall provide aviation coverage including war liability.

$1,000,000 Per Claim or Occurrence

$1,000,000 Aggregate



**Insurance Requirements for Annual Pre-Qualification**

**(This acknowledgement must be signed by both the Contractor and the Contractor’s Insurance Broker)**

Metropolitan St Louis Sewer District (MSD) requires contractors to be prequalified prior to bidding on Capital Improvement Projects. In the prequalification process, contractors must demonstrate their ability to perform in the event they are awarded a contract, including meeting the District’s insurance requirements.

MSD has certain contract requirements relating to contractor insurance coverage, including increasing the limits for certain coverage and requiring pollution liability coverage as noted above in the Revised Insurance Provisions, effective March 11, 2021 (pages 30-36). For pre-qualification purposes only, MSD is requiring both the contractor and the contractor’s insurance broker to sign below acknowledging their understanding and agreement to the coverage and minimum limits of Liability in accordance with the specifications noted in the Revised Insurance Provisions above and that the Contractor has been approved for the insurance coverage, with the limits required. Additionally, it is agreed that the policy will be endorsed, and coverage will be in place in the event a contract is awarded. The Contractor acknowledges and agrees that in the event a contract is awarded, and insurance is not secured within the required timeframe, the Contractor will forfeit its bid bond on the project and will be determined non-responsive.

Acknowledged and Agreed:

**Contractor/Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized representative name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Broker/Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized representative name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT FOR CORPORATION**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss

COUNTY/CITY OF \_\_\_\_\_\_\_\_\_\_\_ )

AFFIDAVIT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, depose and state as follows:

1. I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
2. I am authorized to sign this Affidavit on behalf of the corporation;
3. The foregoing information and responses to interrogatories set forth herein are true and correct to the best of my knowledge, information and belief; and
4. Any depository, vendor, agency or entity herein named is authorized to supply The Metropolitan St. Louis Sewer District with any information appropriate to verify the accuracy of any statement herein.

In witness hereof I have hereunto subscribed my name and affixed the official seal of the corporation this day of \_\_\_\_, 20 .

Affiant

(Seal)

Subscribed and sworn to before me, a Notary Public, this day of

, 20\_\_\_.

Notary Public

My commission expires:

**AFFIDAVIT FOR PARTNERSHIP**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss

COUNTY/CITY OF \_\_\_\_\_\_\_\_\_\_\_ )

AFFIDAVIT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, depose and state as follows:

1. I am a partner in the partnership known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
2. I am authorized to sign this Affidavit on behalf of the partnership;
3. The foregoing information and responses to interrogatories set forth herein are true and correct to the best of my knowledge, information and belief; and
4. Any depository, vendor, agency or entity herein named is authorized to supply The Metropolitan St. Louis Sewer District with any information appropriate to verify the accuracy of any statement herein.

In witness hereof I have hereunto subscribed my name this \_\_ day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 .

Affiant

(Seal)

Subscribed and sworn to before me, a Notary Public, this day of

, 20\_\_\_.

Notary Public

My commission expires:

**AFFIDAVIT FOR JOINT VENTURE**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss

COUNTY/CITY OF \_\_\_\_\_\_\_\_\_\_\_ )

AFFIDAVIT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, depose and state as follows:

1. I am a joint venture partner &/or am authorized to sign this Affidavit on behalf of the Joint Venture between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
2. The foregoing information and responses to interrogatories set forth herein are true and correct to the best of my knowledge, information and belief; and
3. Any depository, vendor, agency or entity herein named is authorized to supply The Metropolitan St. Louis Sewer District with any information appropriate to verify the accuracy of any statement herein.

In witness hereof I have hereunto subscribed my name this \_\_ day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 .

Affiant

(Seal)

Subscribed and sworn to before me, a Notary Public, this day of

, 20\_\_\_.

Notary Public

My commission expires:

**AFFIDAVIT FOR INDIVIDUAL**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss

COUNTY/CITY OF \_\_\_\_\_\_\_\_\_\_\_ )

AFFIDAVIT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, depose and state under oath that the foregoing information and responses to interrogatories set forth herein are true and correct to the best of my knowledge, information and belief. Any depository, vendor, agency or entity herein named is authorized to supply The Metropolitan St. Louis Sewer District with any information appropriate to verify the accuracy of any statement herein.

In witness hereof I have hereunto subscribed my name and affixed my official seal this day of \_\_\_\_, 20 .

Affiant

(Seal)

Subscribed and sworn to before me, a Notary Public, this day of

, 20\_\_.

Notary Public

My commission expires:

**AFFIDAVIT FOR LIMITED LIABILTY COMPANY**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss

COUNTY/CITY OF \_\_\_\_\_\_\_\_\_\_\_ )

AFFIDAVIT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, depose and state as follows:

1. I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a limited liability company;
2. I am authorized to sign this Affidavit on behalf of the limited liability company;
3. The foregoing information and responses to interrogatories set forth herein are true and correct to the best of my knowledge, information and belief; and
4. Any depository, vendor, agency or entity herein named is authorized to supply The Metropolitan St. Louis Sewer District with any information appropriate to verify the accuracy of any statement herein.

In witness hereof I have hereunto subscribed my name on this day of \_\_\_\_, 20 .

Affiant

(Seal)

Subscribed and sworn to before me, a Notary Public, this day of

, 20\_\_\_.

Notary Public

My commission expires: