

**VERIFICATIONS**

**SOLICITATION NUMBER#:** \_\_\_\_\_

**BIDDERS NAME:** \_\_\_\_\_

**Bidder's Experience on Similar Projects Within Past Five (5) Years**

Company's Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Point of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Project name, location and brief description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company's Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Point of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Project name, location and brief description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company's Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Point of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Project name, location and Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company's/Sub Contractor's Personnel Experience /Certificate/License Verification if required in Solicitation**

Employee/Sub Contractor Name/Job Title: \_\_\_\_\_

Certificate and/or License Type and Number : \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Employee/Sub Contractor Name/Job Title: \_\_\_\_\_

Certificate and/or License Type and Number : \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Employee/Sub Contractor Name/Job Title: \_\_\_\_\_

Certificate and/or License Type and Number : \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Attachment D:

Verification of Experience

(rev. Dec. 2016)