

For: USNH Event # 212021272
WCA Ice Cover
University of New Hampshire
Durham, NEW HAMPSHIRE

APPENDIX A - STATEMENT OF QUALIFICATIONS

1. Business Name: _____

2. Principal Address: _____

3. Phone Number of Principal Place of Business: _____

4. Fax Number of Principal Place of Business: _____

5. Principal Manager Name/Contact Information

Name: _____ Phone: _____

Address: _____

E-mail address: _____

6. Project manager or Sales Representative contact person:

Name: _____ Phone: _____

Address: _____

E-mail address: _____

7. Does the firm or any owner, sales/service representative, or employee, have a personal relationship with any USNH employee (includes all campus locations) (student relationships are not considered)? Yes No

If yes, provide details: _____

8. Registration with the NH Secretary of State (<http://www.sos.nh.gov/corporate/index.html>):

New Hampshire business entity – *Attach a current certificate of existence* (ref. NH-RSA 293-A:1.28).

Non-New Hampshire business entity – *Attach a current certificate of authority to transact business in the State of New Hampshire.* Note that NH-RSA 293-A:15.01 prohibits foreign business entities from transacting business in the State of New Hampshire, without first obtaining a certificate of authority from the secretary of state.

9. Business Type: Contractor; Dealer; Distributor; Manufacturer; Wholesaler; Other (specify) _____

10. State general classification of business or character of work performed: _____

11. Year Organized: _____

12. Organized in State of: _____

13. Number of years engaged in this business under the present business name: _____

If now or formerly in business under another name, supply details:

14. Number of full-time employees: _____

15. If a contractor, what categories of work do you perform with your own forces?

16. List major equipment available: _____

17. List bank with which your firm does business: _____

18. List licenses and permits held by your firm: _____

19. Within the last five years, has your firm provided services for the USNH? Yes No
If yes, provide USNH Contact: _____

20. Has this business ever defaulted on a contract or failed to complete any project awarded to it?
 Yes No If so, state the circumstances in an attachment.

21. Has this business or any principal or officer of this business ever been disqualified or precluded from bidding?
 Yes No If so, state the circumstances in an attachment.

22. Within the last five years, has your firm been subject to any enforcement actions by state or federal regulators? Yes No
If yes, state circumstances: _____

23. References: Provide the following information for at least three references for your firm.

Company: _____ Date Work Done: _____
Contact Person _____ Phone: _____
Address: _____
E-mail address: _____

Company: _____ Date Work Done: _____
Contact Person _____ Phone: _____
Address: _____
E-mail address: _____

Company: _____ Date Work Done: _____
Contact Person _____ Phone: _____
Address: _____
E-mail address: _____

FORM CONTINUES ON NEXT PAGE

24. DEBARMENT: The firm certifies, by submitting this Statement of Qualifications, that neither it nor its principals are presently debarred, suspended, proposed for debarment, have been declared ineligible, or voluntarily excluded from participation in this transaction (contract) by any governmental department or agency. If the firm cannot certify this statement, attach a written explanation for review by the University System of New Hampshire.
I hereby certify the above information to be correct and authorize the University System of New Hampshire to investigate all facts contained therein, including facility visitation.

Name of Organization

By: _____

Title: _____

Date: _____

State of _____

County of _____

_____, being duly sworn, deposes and says that he/she is

_____ of _____
(Title) (Name of Organization)

and that the answers to the foregoing questions and all statements contained therein are true and correct.

Sworn to before me on this date: _____

Notary Public/Justice of the Peace

My commission expires: _____.

END OF DOCUMENT