SECTION 00 49 12

EXPERIENCE STATEMENT

Refer to Section 00 21 13 (Instructions to Bidders – Contractor Bidder Qualifications) for instructions. Add additional sheets, as necessary, to demonstrate compliance with the requirements specified in Section 00 21 13. RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETED EXPERIENCE STATEMENT FORMS.

| i | | r; 🗌 Water Subcontractor; [| CIPL Subcontractor; |
|--|-------------------------|---|-------------------------|
| | ☐ Traffic Control Subco | ontractor; 🗌 OCS Subcontra | ictor |
| | ☐ Project Safety Repre | esentative; 🗌 Key Team Mer | mber ; Subcontractor; |
| | ☐ Project Manager; ☐ | Project Superintendent | |
| 2. PROJECT POSITION OR SUBCONTRA | CTOR WORK: | | |
| 3. NAME OF PROPOSED PERSON OR SUBCONTRACTOR: | | | 4. TELEPHONE: |
| 5. BUSINESS ADDRESS: | | | |
| 6. NUMBER OF YEARS WITH BIDDING CONTRACTOR: | | NUMBER OF YEARS EXPERIENSTRUCTION INDUSTRY: | ENCE |
| 8. IS PROPOSED PERSON EMPLOYED B | Y BIDDER? YES; NO |); IF "NO", LIST NAME AND PH | ONE OF EMPLOYER: |
| 9. NAME OF EMPLOYER: | _ | | 10. TELEPHONE: |
| | | | |
| roject Experience: (a) | | | |
| PROJECT NAME: | | | |
| POSITION OR SCOPE OF WORK: | | | |
| DATES SPENT AT PROJECT: | | PROJECT COST: | \$ |
| DESCRIPTION OF POSITION OR SCO | PE OF WORK: | | • |
| | | | |
| | | | |
| NAME OF OWNER'S REPRESENTAT | VE: | | |
| | | TELEPHONE: | |
| TITLE: | | TELEFTIONE. | |
| BUSINESS ADDRESS: | | TELEFIIONE. | |
| BUSINESS ADDRESS: | | TELEFTIONE. | |
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| BUSINESS ADDRESS: (b) PROJECT NAME: POSITION OR SCOPE OF | | TELEFTIONE. | |
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| BUSINESS ADDRESS: (b) PROJECT NAME: POSITION OR SCOPE OF WORK: DATES SPENT AT PROJECT: DESCRIPTION OF POSITION OR SCO | | | \$ |

| (c) | |
|---|------------------|
| PROJECT NAME: | |
| POSITION OR SCOPE OF WORK: | |
| DATES SPENT AT PROJECT: | PROJECT COST: \$ |
| DESCRIPTION OF POSITION OR SCOPE OF WORK: | |
| | |
| NAME OF OWNER'S REPRESENTATIVE: | |
| TITLE: | TELEPHONE: |
| BUSINESS ADDRESS: | |
| (d) | |
| PROJECT NAME: | |
| POSITION OR SCOPE OF WORK: | |
| DATES SPENT AT PROJECT: | PROJECT COST: \$ |
| DESCRIPTION OF POSITION OR SCOPE OF WORK: | |
| | |
| NAME OF OWNER'S REPRESENTATIVE: | |
| TITLE: | TELEPHONE: |
| BUSINESS ADDRESS: | |
| (e) | |
| PROJECT NAME: | |
| POSITION OR SCOPE OF WORK: | |
| DATES SPENT AT PROJECT: | PROJECT COST: \$ |
| DESCRIPTION OF POSITION OR SCOPE OF WORK: | |
| | |
| NAME OF OWNER'S REPRESENTATIVE: | |
| TITLE: | TELEPHONE: |
| BUSINESS ADDRESS: | |

Copy this page as needed to provide a complete listing.

END OF SECTION