

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.

| | | | |
|--|--|--|----------------|
| 1. EXPERIENCE FOR (CHECK ONE): | | <input type="checkbox"/> Sewer Subcontractor; <input type="checkbox"/> CIPL Subcontractor; <input type="checkbox"/> Structural Subcontractor; <input type="checkbox"/> Traffic Control Subcontractor; <input type="checkbox"/> PSR Representative; <input type="checkbox"/> OCS Isolation Support Subcontractor; <input type="checkbox"/> Unforeseen Hazardous / Contaminated Material Subcontractor; <input type="checkbox"/> Project Manager; <input type="checkbox"/> Project Superintendent; <input type="checkbox"/> Key Team Member; <input type="checkbox"/> Subcontractor | |
| 2. PROJECT POSITION OR SUBCONTRACTOR WORK: | | | |
| 3. NAME OF PROPOSED PERSON OR SUBCONTRACTOR: | | | 4. TELEPHONE: |
| 5. BUSINESS ADDRESS: | | | |
| 6. NUMBER OF YEARS WITH BIDDING CONTRACTOR: | | 7. TOTAL NUMBER OF YEARS EXPERIENCE IN CONSTRUCTION INDUSTRY: | |
| 8. IS PROPOSED PERSON EMPLOYED BY BIDDER? <input type="checkbox"/> YES; <input type="checkbox"/> NO; IF "NO", LIST NAME AND PHONE OF EMPLOYER: | | | |
| 9. NAME OF EMPLOYER: | | | 10. TELEPHONE: |

Project Experience:**(a)**

| | |
|---|------------------|
| 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: | |

(b)

| | |
|---|------------------|
| 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: | |

(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