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.

	ubcontractor;
	ontrol Subcontractor; PSR Representative;
<u> </u>	en Hazardous / Contaminated Material Subcontractor;
	lanager; Project Superintendent;
☐ Key Tean	n Member ; ☐ Subcontractor
2. PROJECT POSITION OR SUBCONTRACTOR WORK:	
3. NAME OF PROPOSED PERSON	4. TELEPHONE:
OR SUBCONTRACTOR: 5. BUSINESS ADDRESS:	
5. BUSINESS ADDRESS:	
6. NUMBER OF YEARS WITH	7. TOTAL NUMBER OF YEARS EXPERIENCE IN
BIDDING CONTRACTOR:	CONSTRUCTION INDUSTRY:
8. IS PROPOSED PERSON EMPLOYED BY BIDDER? YES	S: NO: IE "NO" LIST NAME AND PHONE OF EMPLOYER:
9. NAME OF EMPLOYER:	10. TELEPHONE:
9. INAINE OF EMPLOYER.	II. TELEFTIONE.
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:	
NAME OF OWNER'S REPRESENTATIVE.	
TITLE:	TELEPHONE:
BUSINESS ADDRESS:	
/h)	
(b) PROJECT NAME:	
PROJECT NAIVIE.	
POSITION OR SCOPE OF WORK:	
DATES SPENT AT PROJECT:	PROJECT COST: \$
DESCRIPTION OF POSITION OR SCOPE OF WORK:	•
DESCRIPTION OF POSITION OR SCOPE OF WORK.	
NAME OF OWNER'S REPRESENTATIVE:	
TITLE:	TELEDUONE.
IIILE:	TELEPHONE:
BUSINESS ADDRESS:	
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[2021.01.11 v1.96] 00 49 12 - 1 Experience Statement

(c) PROJECT NAME:		
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)		
(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