

REQUEST FOR PROPOSALS

FOR

**APPLICATION FOR BIDDER'S PREQUALIFICATION
PENSACOLA BEACH CIPLL SEWER REHABILITATION
EMERALD COAST UTILITIES AUTHORITY**

RFQ NUMBER 2009-25

**EMERALD COAST UTILITIES AUTHORITY
PO BOX 15311
PENSACOLA, FL 32514-5311**

September, 2009

LEGAL ADVERTISEMENT

Applications for pre-qualification for bidding, Pensacola Beach Cured-in-Place Lateral Liners Sewer Rehabilitation for Emerald Coast Utilities Authority, RFQ Number 2009-25, will be received by the Emerald Coast Utilities Authority Purchasing and Stores Manager, 9255 Sturdevant Street, Ellyson Industrial Park, Pensacola, FL 32514, until 2:00 p.m., local time, Tuesday, October 13, 2009, at which time applications submitted will be publicly opened and read aloud in Room 215, 2nd Floor of the Customer Service Building. ECUA is soliciting qualification statements from interested contractors experienced in the installation of cured-in-place lateral liners (CIPLL); installation of cured-in-place lateral connection liners (CIPLC); installation of new lateral cleanouts; cleaning and inspection of sanitary sewers; bypass pumping operations; site, concrete, and paving restoration; removal of existing trees and shrubbery; replanting new trees and shrubbery; and performance of warranty tests and inspections. The submitted qualifications will be utilized to develop a list of qualified bidders. Bids will be accepted only from prequalified bidders. No interpretation of the meaning of the Application or other pre-qualification documents will be made to any Applicant orally. Every request for such interpretation should be made in writing and addressed to ECUA in care of Malcolm Pirnie, Inc., Attention: Justin Midgette, 1510 Airport Blvd., Pensacola, FL 32504 (e-mail: jmidgette@pirnie.com), and to be given consideration must be received at least five (5) business days prior to the date fixed for Application submittal. Submissions received after the closing time will be returned unopened.

Advertised 09-13-09

Owner's Name: Emerald Coast Utilities Authority

City and State: Pensacola, FL
Project Name: Pensacola Beach CIPLL Sewer Rehabilitation
ECUA CIP Project No.: RS624E

PREQUALIFICATIONS PACKAGE

Emerald Coast Utilities Authority (ECUA) of Escambia County, Florida is soliciting qualification statements from interested contractors experienced in the installation of cured-in-place lateral liners (CIPLL); installation of cured-in-place lateral connection liners (CIPLC); installation of new lateral cleanouts; cleaning and inspection of sanitary sewers; bypass pumping operations; site, concrete, and paving restoration; removal of existing trees and shrubbery; replanting new trees and shrubbery; and performance of warranty tests and inspections. The submitted qualifications will be utilized to develop a list of qualified bidders. Bids will be accepted only from prequalified bidders.

1. General

- A. Applications for pre-qualification for bidding will be received by ECUA in the office of the Purchasing and Stores Manager, 9255 Sturdevant Street, Pensacola, Florida 32514 until 2:00 PM local time, Tuesday, October 13, 2009. The envelope containing the application must be clearly marked:

**APPLICATION FOR BIDDER'S PRE-QUALIFICATION
PENSACOLA BEACH CIPLL SEWER REHABILITATION
EMERALD COAST UTILITIES AUTHORITY**

- B. Documentation provided must be specific and the data given must be clear and comprehensive. Documentation provided must pertain specifically to the entity that will bid for and implement the project, not an affiliated company, parent firm or entity.
- C. No interpretation of the meaning of the Application or other pre-qualification documents will be made to any Applicant orally. Every request for such interpretation should be made in writing and addressed to ECUA in care of Malcolm Pirnie, Inc., Attention: Justin Midgette, 1510 Airport Blvd, Pensacola, Florida 32504 (e-mail: JMidgette@pirnie.com), and to be given consideration must be received at least five business days prior to the date fixed for Application submittal. Any and all such interpretation and any supplemental instructions will be in the form of written Addenda to the Application which, if issued, will be mailed, shipped, faxed or e-mailed to all prospective applicants (at the respective addresses furnished) prior to the date fixed for receiving Applications. Failure of Applicants to receive or acknowledge any Addendum shall not relieve them of any obligation under the Application. All Addenda shall become part of the Application.

- D. No Bid shall be opened unless the Bidder has been deemed prequalified by Emerald Coast Utilities Authority prior to the bid opening date.
- E. One (1) original and six (6) copies of the Application and supporting documents shall be submitted.
- F. The Work generally consists of furnishing all materials, equipment, supplies, labor, transportation, fuel, power, for:
 - 1. Cleaning of 8-inch and 10-inch pipe sewer mains and laterals.
 - 2. CCTV inspection of sewer laterals.
 - 3. Installation of new lateral cleanouts.
 - 4. Installation of cured-in-place lateral liners (CIPLL).
 - 5. Installation of cured-in-place lateral connection liners (CIPLC).
 - 6. Bypass pumping operations.
 - 7. Removal of existing trees and shrubbery.
 - 8. Planting new trees and shrubbery.
 - 9. Site, concrete, and paving restoration.
 - 10. Warranty tests and inspections.

The Work includes all clearing, cleaning, inspection, pipeline rehabilitation, excavation, pipe repairs, pavement and right-of-way restoration, tests and inspections and all other related work required to complete the Project.
- G. The Work is located on Pensacola Beach in Pensacola, Florida.

2. Pre-Qualification Determination

- A. Applicants may not be deemed pre-qualified if:
 - 1. The Applicant fails to submit a responsive Application, including failing to provide all required documentation;
 - 2. The Applicant fails to meet all the Technical Experience Requirements;
 - 3. The Applicant fails to meet all the Corporate Experience Requirements;
 - 4. Reasonable grounds exist that Applicant is involved in collusion among other applicants.
 - 5. The Applicant or any of its principals is currently disbarred from bidding on public entity work in any state.
 - 6. The Applicant or an affiliate has been placed on the convicted vendor list following a conviction for public entity crime within the past 36 months.
- B. Final determination of Applicant's pre-qualification status rests solely with the Emerald Coast Utilities Authority, Escambia County, Florida with all decisions being made based upon what the governing board of the Emerald Coast Utilities Authority believes to be the best interests of its ratepayers, in the reasonable exercise of its discretion. The Emerald Coast Utilities Authority

does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or handicap status.

3. Qualification Criteria

- A. Technical Experience Requirements: Applicant shall submit information to demonstrate compliance with the experience and qualification requirements detailed below. In addition to attaching copies of certifications, licenses, and resumes as indicated below, applicant shall provide summaries of experience and qualifications in the attached tables. Failure to provide the information to demonstrate experience and qualifications as detailed below may result in the Applicant not being prequalified to bid on this Project.
1. The Applicant shall be qualified for installation of CIPLL for laterals connected to the mainline sewer (LCS) as follows:
 - a. The Applicant shall be licensed and certified by the manufacturer(s) for the CIPLL LCS process proposed. Provide a copy of the license and or certification as issued by the manufacturer of the CIPLL LCS. The license or certification shall include the names of the persons who have been trained or certified by the manufacturer(s) of the CIPLL LCS.
 - b. The Applicant shall have successfully completed at least 50 CIPLL LCS rehabilitations for the CIPLL LCS manufacturer proposed using the specific method of installation and curing proposed. Applicant shall provide proof of its history of performing CIPLL LCSs by completing Table 1.
 - c. Each installation crew must be directly supervised by a dedicated foreman having previously supervised the successful rehabilitation of 50 laterals using the CIPLL LCS for the manufacturer proposed and using the specific method of installation and curing proposed. Identify the name of each proposed foreman for this project on Table 2. If proposing to utilize a foreman not named in Table 1, or relying on experience not included in Table 1, provide this information in Table 2.
 - d. Provide a resume for each proposed foreman responsible for the supervision of CIPLL LCS installations. The resume shall include name, employment history (5 years), current position within the organization, current responsibilities, proposed project responsibilities, and certifications.
 - e. Exclusive of the foreman, each installation crew must include at least 2 members who have each previously completed the successful rehabilitation of 50 laterals using the CIPLL LCS for the manufacturer proposed and using the specific method of installation and curing proposed. Identify the name of each proposed crew member for this project on Table 3.
 - f. Provide a resume for each crew member identified in Table 3 that meets the CIPLL LCS installation requirements. The resume shall include name, employment history (5 years), current position within the organization, current responsibilities, proposed project responsibilities, and certifications.
 2. The Applicant shall be qualified for installation of CIPLL for laterals connected to manholes with existing cleanouts (LCM) as follows:
 - a. The Applicant shall be licensed and certified by the manufacturer(s) for the CIPLL LCM process proposed. Provide a copy of the license and or certification as issued by the

manufacturer of the CIPLL LCM. The license or certification shall include the names of the persons who have been trained or certified by the manufacturer(s) of the CIPLL LCM.

- b. The Applicant shall have successfully completed at least 20 CIPLL LCM rehabilitations for the CIPLL LCM manufacturer proposed using the specific method of installation and curing proposed. Applicant shall provide proof of its history of performing CIPLL LCMs by completing Table 4.
 - c. Each installation crew must be directly supervised by a dedicated foreman having previously supervised the successful rehabilitation of 20 laterals using the CIPLL LCM for the manufacturer proposed and using the specific method of installation and curing proposed. Identify the name of each proposed foreman for this project on Table 5. If proposing to utilize a foreman not named in Table 4, or relying on experience not included in Table 4 provide this information in Table 5.
 - d. Provide a resume for each proposed foreman responsible for the supervision of CIPLL LCM installations. The resume shall include name, employment history (5 years), current position within the organization, current responsibilities, proposed project responsibilities, and certifications.
 - e. Exclusive of the foreman, each installation crew must include at least 2 members who have each previously completed the successful rehabilitation of 20 laterals using the CIPLL LCM for the manufacturer proposed and using the specific method of installation and curing proposed. Identify the name of each proposed crew member for this project on Table 6.
 - f. Provide a resume for each crew member identified in Table 6 that meets the CIPLL LCM installation requirements. The resume shall include name, employment history (5 years), current position within the organization, current responsibilities, proposed project responsibilities, and certifications.
3. The Applicant shall be qualified for installation of CIPLL for laterals connected to manholes without existing cleanouts (LCM Blindshot) as follows:
- a. The Applicant shall be licensed and certified by the manufacturer(s) for the CIPLL LCM Blindshot process proposed. Provide a copy of the license and or certification as issued by the manufacturer of the CIPLL LCM Blindshot. The license or certification shall include the names of the persons who have been trained or certified by the manufacturer(s) of the CIPLL LCM Blindshot.
 - b. The Applicant shall have successfully completed at least 10 CIPLL LCM Blindshot rehabilitations for the CIPLL LCM Blindshot manufacturer proposed using the specific method of installation and curing proposed. Bidder shall provide proof of its history of performing CIPLL LCM Blindshots by completing Table 7.
 - c. Each installation crew must be directly supervised by a dedicated foreman having previously supervised the successful rehabilitation of 10 laterals using the CIPLL LCM Blindshot for the manufacturer proposed and using the specific method of installation and curing proposed. Identify the name of each proposed foreman for this project on Table 8. If proposing to utilize a foreman not named in Table 7, or relying on experience not included in Table 7, provide this information in Table 8.

- d. Provide a resume for each proposed foreman responsible for the supervision of CIPLL LCM Blindshot installations. The resume shall include name, employment history (5 years), current position within the organization, current responsibilities, proposed project responsibilities, and certifications.
 - e. Exclusive of the foreman, each installation crew must include at least 2 members who have each previously completed the successful rehabilitation of 10 laterals using the CIPLL LCM Blindshot for the manufacturer proposed and using the specific method of installation and curing proposed. Identify the name of each proposed crew member for this project on Table 9.
 - f. Provide a resume for each crew member identified in Table 9 that meets the CIPLL LCM Blindshot installation requirements. The resume shall include name, employment history (5 years), current position within the organization, current responsibilities, proposed project responsibilities, and certifications.
4. The Applicant shall be qualified for installation of cured-in-place lateral connections (CIPLC) as follows:
- a. The Applicant shall be licensed and certified by the manufacturer(s) for the CIPLC process proposed. Provide a copy of the license and or certification as issued by the manufacturer of the CIPLC. The license or certification shall include the names of the persons who have been trained or certified by the manufacturer(s) of the CIPLC.
 - b. The Applicant shall have successfully completed at least 50 CIPLC for the CIPLC manufacturer proposed using the specific method of installation and curing proposed. Bidder shall provide proof of its history of performing CIPLC by completing Table 10.
 - c. Each installation crew must be directly supervised by a dedicated foreman having previously supervised the successful rehabilitation of 50 lateral connections using the CIPLC for the manufacturer proposed and using the specific method of installation and curing proposed. Identify the name of each proposed foreman for this project on Table 11. If proposing to utilize a foreman not named in Table 10, or relying on experience not included in Table 10, provide this information in Table 11.
 - d. Provide a resume for each proposed foreman responsible for the supervision of CIPLC installations. The resume shall include name, employment history (5 years), current position within the organization, current responsibilities, proposed project responsibilities, and certifications.
 - e. Exclusive of the foreman, each installation crew must include at least 2 members who have each previously completed the successful rehabilitation of 50 lateral connections using the CIPLC for the manufacturer proposed and using the specific method of installation and curing proposed. Identify the name of each proposed crew member for this project on Table 12.
 - f. Provide a resume for each crew member identified in Table 12 that meets the CIPLC installation requirements. The resume shall include name, employment history (5 years), current position within the organization, current responsibilities, proposed project responsibilities, and certifications.

B. Corporate Experience Requirements: Applicant shall provide all information requested in the attached Financial Statement Form, Notarized Statement Form and Contractors Experience

Questionnaire in addition to the requested information detailed below. Failure to provide this information may result in the Applicant not being prequalified to bid on this Project.

1. Evidence of a minimum of five years in business under the same corporate name.
2. Proof of licensure in the State of Florida.
3. Proof that applicant is registered to do business in the State of Florida.
4. Summary of claims and lawsuit history for the past five years.
5. Availability of personnel and project scheduling techniques.
6. Recent working experience.
7. Proof of Insurance with limits.
8. Provide a copy of company experience modifier ratio (EMR).
9. Provide a copy of OSHA 200 log for the past year.
10. Provide a statement of bonding capacity, name of Surety Company, with agent contact persons, and telephone numbers and confirmation that the entity issuing all bonds is duly licensed and authorized to issue all of the required bonds by the Florida Department of Financial Services, Offices of Insurance Regulations. Define current maximum approved bonding program, allowable single project limit and current bonded work backlog. The successful Bidder for this Contract will be required to furnish a satisfactory Performance Bond and Payment Bond each in the amount of 100 percent of the Bid.
11. Provide a statement that Applicant has not defaulted on a project nor failed to complete a project within the past five years. If this is not the case, explain and provide project contact information.
12. Provide a statement that Applicant has not filed for bankruptcy or been judged bankrupt at any time over the past five years. If this is not the case, explain.
13. Provide a statement that Applicant has not been involved in liquidated damages in the past five years. If this is not the case, explain and provide contact information.
14. Provide a statement whether Applicant has or has not been involved in litigation as a plaintiff against an Owner, Design Firm or Construction Contract Administration Firm, or served the Owner with a claim for additional compensation prepared by an attorney or a claims consultant, excluding routine change order requests, in the past five years. If Applicant has, explain and provide contact information. List any lawsuits or administrative actions to which the Applicant is currently a party or has been a party (either as a plaintiff or defendant) during the past five years. For each suit, list all parties and indicate whether any party was a bonding company, insurance company, an Owner or other. Identify the project giving rise to the suit or administrative action, explain the basis of the claim, and whether a settlement was reached or a judgment entered into for or against the Applicant or the Applicant's bonding company or insurance company.
15. Provide a statement that the Applicant, as well as all of its affiliated companies, is not involved in any dispute, formal claim, or litigation with the Owner, nor any authority or organization with which the Owner has a vested interest. If this is not the case, please explain.

16. Provide a statement that the Applicant has a Quality Control/Quality Assurance Program and include a brief description of the program, with the date it was last updated. If this is not the case, please explain.
17. Provide a statement that the Applicant has a Safety Program and include a brief description of the program. Also provide the date it was last updated. If this is not the case, please explain.
18. Provide a statement that the Applicant endorses a drug free work place.
19. List all other projects currently under contract, the current contract amounts and scheduled completion dates.

4. Warranty / Guarantee of Work

- A. All lining work shall be fully guaranteed by the CONTRACTOR for a period of 10 years from the date of Final Acceptance unless otherwise stipulated in writing by the OWNER prior to the date of Conditional Acceptance. During this period, all defects discovered by the OWNER or ENGINEER shall be addressed by the CONTRACTOR in a satisfactory manner at no cost to the OWNER. In addition to a Warranty Inspection, the OWNER may conduct independent inspections, at its own expense, of the lining Work at any time prior to the completion of the guarantee period.

5. Supplemental Information and Requirements

- A. The Owner will not be liable in any way for any costs incurred by any Applicant in the preparation of its Pre-Qualification Application nor participation in any discussions.
- B. The Owner, upon receipt of the Application, shall have the right to investigate work performed by the Applicant on projects referenced by the Applicant, or any other projects performed by the Applicant, this includes requesting additional and clarifying information. Investigations will be performed by Owner's personnel or its representatives as deemed appropriate by the Owner, which may include site visits and interviews with Project Owners and Construction Contract Administration staff.
- C. The Owner reserves the right to waive informalities in any Application; reject any or all applications; offer additional prequalification periods; and prequalify those applicants which in its judgment are responsible applicants with all decisions being made based upon what the Owner believes to be the best interest of its ratepayers, in the reasonable exercise of its discretion. The Owner shall also have the right to prequalify applicants and then later decide not to proceed with the contemplated Project.
- D. Upon completion of the prequalification process, the construction plans and specifications will be made available to the qualified bidders and publicly advertised.

PREQUALIFICATION FORMS AND TABLES

Please Read and follow all instructions carefully. Return completed Prequalification Forms and Tables

NOTARIZED STATEMENT

Name of CIPLL Contractor

Firm (Applicant's) Name

Contract Number

LIST BELOW ALL UNCOMPLETED CONTRACTS by _____.

Contract Number	With Whom Made	Total Amount of Contract	Total Amount Sublet	Total Less Sublet	Amount Uncompleted	Amount to be Completed in 30 Days	Balance After 30 Days

1. Amount of uncompleted work after 30 days that has not been sublet _____
2. Amount of work bid on which award is anticipated _____
3. Total of Line 1. and 2. above _____

The Applicant represents, and it is a condition of prequalification, that the Applicant has not been a party with other applicants to any agreement to bid a fixed or uniform price and that, to the best of his knowledge, the information above regarding uncompleted contracts is correct.

Witness

(SEAL)

Firm Name and Seal

Name and Title of Officer

Signature of Officer

SUBSCRIBED AND SWORN to before me, a Notary Public of the State of _____, County or

City of _____, this _____ day of _____, 20__.

Notary Public

AFFIDAVIT FOR INDIVIDUAL

STATE OF _____
COUNTY OF _____

_____ being duly sworn, deposes and says that the foregoing financial statement, taken from his books, is a true and accurate statement of his financial condition as of the date thereof, and that the answers to the foregoing interrogatories are true and correct.

(Applicant must sign here)

AFFIDAVIT FOR PARTNERSHIP

STATE OF _____
COUNTY OF _____

_____ being duly sworn, deposes and says that he/she is a member of the firm of _____; that he/she is familiar with the books of the said firm showing its financial condition; that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof; and that the answers to the foregoing interrogatories are true and correct.

(Member of firm must sign here)

AFFIDAVIT FOR CORPORATION

STATE OF _____
COUNTY OF _____

_____ being duly sworn, deposes and says that he/she is _____ of the _____, the corporation described herein and which executed the foregoing statement; that he/she is familiar with the books of the said corporation showing its financial condition; that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition of the said corporation as of the date thereof; and that the answers to the foregoing interrogatories are true and correct.

(Officer must sign here)

NOTARY PUBLIC

Sworn to before me this

_____ day of _____, 20__

Notary Public

My commission expires: _____

NOTARIZED STATEMENT

Name of CIPLC Contractor (if different from CIPLL Contractor)

Firm (Applicant's) Name

Contract Number

LIST BELOW ALL UNCOMPLETED CONTRACTS by _____.

Contract Number	With Whom Made	Total Amount of Contract	Total Amount Sublet	Total Less Sublet	Amount Uncompleted	Amount to be Completed in 30 Days	Balance After 30 Days

- 4. Amount of uncompleted work after 30 days that has not been sublet _____
- 5. Amount of work bid on which award is anticipated _____
- 6. Total of Line 1. and 2. above _____

The Applicant represents, and it is a condition of prequalification, that the Applicant has not been a party with other applicants to any agreement to bid a fixed or uniform price and that, to the best of his knowledge, the information above regarding uncompleted contracts is correct.

Witness

(SEAL)

Firm Name and Seal

Name and Title of Officer

Signature of Officer

SUBSCRIBED AND SWORN to before me, a Notary Public of the State of _____, County or

City of _____, this _____ day of _____, 20__.

Notary Public

AFFIDAVIT FOR INDIVIDUAL

STATE OF _____
COUNTY OF _____

_____ being duly sworn, deposes and says that the foregoing financial statement, taken from his books, is a true and accurate statement of his financial condition as of the date thereof, and that the answers to the foregoing interrogatories are true and correct.

(Applicant must sign here)

AFFIDAVIT FOR PARTNERSHIP

STATE OF _____
COUNTY OF _____

_____ being duly sworn, deposes and says that he/she is a member of the firm of _____; that he/she is familiar with the books of the said firm showing its financial condition; that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof; and that the answers to the foregoing interrogatories are true and correct.

(Member of firm must sign here)

AFFIDAVIT FOR CORPORATION

STATE OF _____
COUNTY OF _____

_____ being duly sworn, deposes and says that he/she is _____ of the _____, the corporation described herein and which executed the foregoing statement; that he/she is familiar with the books of the said corporation showing its financial condition; that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition of the said corporation as of the date thereof; and that the answers to the foregoing interrogatories are true and correct.

(Officer must sign here)

NOTARY PUBLIC

Sworn to before me this

_____ day of _____, 20__

Notary Public

My commission expires: _____

Name of CIPLL Contractor

CONTRACTOR'S EXPERIENCE QUESTIONNAIRE

The signatory of this Questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

1. How many years has your organization been in business as a general contractor under your present business name? _____
2. How many years experience has your organization had (a) as a general contractor? _____ (b) as a sub-contractor? _____
3. What projects has your organization completed within the past 5 years? *Please attach a list with the following information: Contract Amount, Class of Work, Completion Date, Name and Address of Owner.*
4. Have you ever failed to complete any work awarded to you? _____ *If so, please attach a statement stating where and why.*
5. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? _____ *If so, attach a statement stating name of individual, other organization and reason therefore.*
6. Has any officer or partner of your organization ever failed to complete a construction contract handled in his own name? _____ *If so, attach a statement stating name of Owner and reason therefore.*
7. In what other lines of business are you financially interested?
8. Attach a list of your major equipment assets to perform the work in which you are requesting prequalification.

Name of Person Answering This Questionnaire

Date

Name of CIPLC Contractor (if different from CIPLL Contractor)

CONTRACTOR'S EXPERIENCE QUESTIONNAIRE

The signatory of this Questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

1. How many years has your organization been in business as a general contractor under your present business name? _____
2. How many years experience has your organization had (a) as a general contractor? _____ (b) as a sub-contractor? _____
3. What projects has your organization completed within the past 5 years? *Please attach a list with the following information: Contract Amount, Class of Work, Completion Date, Name and Address of Owner.*
4. Have you ever failed to complete any work awarded to you? _____ *If so, please attach a statement stating where and why.*
5. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? _____ *If so, attach a statement stating name of individual, other organization and reason therefore.*
6. Has any officer or partner of your organization ever failed to complete a construction contract handled in his own name? _____ *If so, attach a statement stating name of Owner and reason therefore.*
7. In what other lines of business are you financially interested?
8. Attach a list of your major equipment assets to perform the work in which you are requesting prequalification.

Name of Person Answering This Questionnaire

Date

(Insert license or certification as issued by the manufacturer of the CIPLL LCS process proposed)

**Table 1
CIPLL LCS EXPERIENCE**

(Insert project histories demonstrating Applicant has successfully completed at least 50 lateral CIPLL LCS rehabilitations for the CIPLL LCS manufacturer proposed using the specific method of installation and curing proposed.)

Owner Name and Address	Contact Name and Phone Number	Completion Date (mm/yy)	Number of Laterals Rehabilitated	Manufacturer of the CIPLL LCS Used	Method of Installation/Curing	Name of Project Foreman or Individual Responsible for CIPLL LCS work and Company Affiliation
Example: Division, Municipality, State	Owner representative closest to project	09/99	50	System name	Inversion/Steam	Joe Foreman, Performing company

**Table 2
FOREMAN EXPERIENCE- CIPLL LCS**

(Insert name and experience of foreman demonstrating supervisory responsibilities for installation of a minimum of 50 CIPLL LCS rehabilitations for the CIPLL LCS manufacturer proposed using the specific method of installation and curing proposed.)

Name of foreman proposed for this project and whose experience is documented in this Table and Table 1 as noted:
_____ (Insert Name)*

(1) Owner Name and Address	(2) Contact Name and Phone Number	(3) Completion Date (mm/yyyy)	(4) Number of Laterals Connected/Lined (list by crew member name)	(5) Manufacturer of CIPLL LCS Process Used	(6) Method of Installation/Curing

* Provide additional copies of this Table as appropriate when proposing to use more than one foreman for the project.

(Insert Resume of project foreman for CIPLL LCS)

**TABLE 3
CREW EXPERIENCE- CIPLL LCS**

(Insert names and experience of at least 2 crew members demonstrating installation of a minimum of 50 CIPLL LCS rehabilitations for the CIPLL LCS manufacturer proposed using the specific method of installation and curing proposed.)

Names of crew members proposed for this project whose experience is documented in this Table as noted:

_____. (Insert Name)* _____ (Insert Name)*

(1) Owner Name and Address	(2) Contact Name and Phone Number	(3) Completion Date (mm/yyyy)	(4) Number of Laterals Connected/Lined (list by crew member name)	(5) Manufacturer of CIPLL LCS Process Used	(6) Method of Installation/Curing

* Provide additional copies of this Table as appropriate when proposing to use more than 1 crew for the project.

(Insert Resumes of proposed crew members for CIPLL LCS)

(Insert license or certification as issued by the manufacturer of the CIPLL LCM process proposed)

**TABLE 4
CIPLL LCM EXPERIENCE**

(Insert project histories demonstrating Applicant has successfully completed at least 20 lateral CIPLL LCM rehabilitations for the CIPLL LCM manufacturer proposed using the specific method of installation and curing proposed.)

Owner Name and Address	Contact Name and Phone Number	Completion Date (mm/yyyy)	Number of Laterals Rehabilitated	Manufacturer of the CIPLL LCM Used	Method of Installation/Curing	Name of Project Foreman or Individual Responsible for CIPLL LCM work and Company Affiliation

**TABLE 5
FOREMAN EXPERIENCE- CIPLL LCM**

(Insert name and experience of foreman demonstrating supervisory responsibilities for installation of a minimum of 20 CIPLL LCM rehabilitations for the CIPLL LCM manufacturer proposed using the specific method of installation and curing proposed.)

Name of foreman proposed for this project and whose experience is documented in this Table and Table 4 as noted:

_____. (Insert Name)*

(1) Owner Name and Address	(2) Contact Name and Phone Number	(3) Completion Date (mm/yyyy)	(4) Number of Laterals Connected/Lined	(5) Manufacturer of CIPLL LCM Process Used	(6) Method of Installation/Curing

* Provide additional copies of this Table as appropriate when proposing to use more than one foreman for the project.

(Insert Resume of each proposed foreman for CIPLL LCM)

**TABLE 6
CREW EXPERIENCE- CIPLL LCM**

(Insert names and experience of at least 2 crew members demonstrating installation of a minimum of 20 CIPLL LCM rehabilitations for the CIPLL LCM manufacturer proposed using the specific method of installation and curing proposed.)

Names of crew members proposed for this project whose experience is documented in this Table as noted:

_____. (Insert Name)* _____ . (Insert Name)*

(1) Owner Name and Address	(2) Contact Name and Phone Number	(3) Completion Date (mm/yyyy)	(4) Number of Laterals Connected/Lined (list by crew member name)	(5) Manufacturer of CIPLL LCM Process Used	(6) Method of Installation/Curing

* Provide additional copies of this Table as appropriate when proposing to use more than one crew for the project.

(Insert Resumes of proposed crew members for CIPLL LCM)

(Insert license or certification as issued by the manufacturer of the CIPLL LCM Blindshot process proposed)

**TABLE 7
CIPLL LCM BLINDSHOT EXPERIENCE**

(Insert project histories demonstrating Applicant has successfully completed at least 10 lateral CIPLL LCM Blindshot rehabilitations for the CIPLL LCM Blindshot manufacturer proposed using the specific method of installation and curing proposed.)

Owner Name and Address	Contact Name and Phone Number	Completion Date (mm/yyyy)	Number of Laterals Rehabilitated	Manufacturer of the CIPLL LCM Blindshot Used	Method of Installation/Curing	Name of Project Foreman or Individual Responsible for CIPLL LCM Blindshot work and Company Affiliation

**TABLE 8
FOREMAN EXPERIENCE- CIPLL LCM BLINDSHOT**

(Insert name and experience of foreman demonstrating supervisory responsibilities for installation of a minimum of 10 CIPLL LCM Blindshot rehabilitations for the CIPLL LCM Blindshot manufacturer proposed using the specific method of installation and curing proposed.)

Name of foreman proposed for this project and whose experience is documented in this Table and Table 7 as noted:

_____. (Insert Name)*

(1) Owner Name and Address	(2) Contact Name and Phone Number	(3) Completion Date (mm/yyyy)	(4) Number of Laterals Connected/Lined	(5) Manufacturer of CIPLL LCM Blindshot Process Used	(6) Method of Installation/Curing

* Provide additional copies of this Table as appropriate when proposing to use more than one foreman for the project.

(Insert Resume of each proposed foreman for CIPLL LCM Blindshot)

**TABLE 9
CREW EXPERIENCE- CIPLL LCM BLINDSHOT**

(Insert names and experience of at least 2 crew members demonstrating installation of a minimum of 10 CIPLL LCM Blindshot rehabilitations for the CIPLL LCM Blindshot manufacturer proposed using the specific method of installation and curing proposed.)

Names of crew members proposed for this project whose experience is documented in this Table as noted:

_____. (Insert Name)* _____ (Insert Name)*

(1) Owner Name and Address	(2) Contact Name and Phone Number	(3) Completion Date (mm/yyyy)	(4) Number of Laterals Connected/Lined (list by crew member name)	(5) Manufacturer of CIPLL LCM Blindshot Process Used	(6) Method of Installation/Curing

* Provide additional copies of this Table as appropriate when proposing to use more than one crew for the project.

(Insert Resumes of proposed crew members for CIPLL LCM Blindshot)

(Insert license or certification as issued by the manufacturer of the CIPLC process proposed)

**TABLE 10
CIPLC EXPERIENCE**

(Insert project histories demonstrating Applicant has successfully completed at least 50 lateral CIPLC rehabilitations for the CIPLC manufacturer proposed using the specific method of installation and curing proposed.)

Owner Name and Address	Contact Name and Phone Number	Completion Date (mm/yy)	Number of Lateral Connections Rehabilitated	Manufacturer of the CIPLC Used	Method of Installation/Curing	Name of Project Foreman or Individual Responsible for CIPLC work and Company Affiliation

**Table 11
FOREMAN EXPERIENCE- CIPLC**

(Insert name and experience of foreman demonstrating supervisory responsibilities for installation of a minimum of 50 CIPLC rehabilitations for the CIPLC manufacturer proposed using the specific method of installation and curing proposed.)

Name of foreman proposed for this project and whose experience is documented in this Table and Table 10 as noted:

_____. (Insert Name)*

(1) Owner Name and Address	(2) Contact Name and Phone Number	(3) Completion Date (mm/yyyy)	(4) Number of Lateral Connections Lined (list by crew member name)	(5) Manufacturer of CIPLC Process Used	(6) Method of Installation/Curing

* Provide additional copies of this Table as appropriate when proposing to use more than one foreman for the project.

(Insert Resume of project foreman for CIPLC)

**TABLE 12
CREW EXPERIENCE- CIPLC**

(Insert names and experience of at least 2 crew members demonstrating installation of a minimum of 50 CIPLC rehabilitations for the CIPLC manufacturer proposed using the specific method of installation and curing proposed.)

Names of crew members proposed for this project whose experience is documented in this Table as noted:

_____. (Insert Name)* _____ (Insert Name)*

(1) Owner Name and Address	(2) Contact Name and Phone Number	(3) Completion Date (mm/yyyy)	(4) Number of Lateral Connections Lined (list by crew member name)	(5) Manufacturer of CIPLC Process Used	(6) Method of Installation/Curing

* Provide additional copies of this Table as appropriate when proposing to use more than 1 crew for the project.

(Insert Resumes of proposed crew members for CIPLC)

LIST OF SUBCONTRACTORS

Applicant shall list its proposed subcontractors and their role on this project.

Subcontractor Name

Role

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACKNOWLEDGEMENT

- A. The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the ECUA designee in verification of the recitals comprising this Application for Bidder's Pre-Qualification.
- B. By this signature the signer affirms that the information provided herein is true and correct to the best of his/her knowledge and belief.
- C. The documentation and experience provided herein is directly applicable to the Applicant named below, not a previously existing but now non-existing firm, nor an affiliated company, parent firm or entity.
- D. The Applicant's name indicated below will be the exact name under which a bid would be submitted, and a contract executed, should the bid be successful.

Applicant: _____

By: _____
(Name Signed)

(Name Printed or Typed)

Title: _____

Date: _____