

**CONTRACTOR SHEET**

**THIS CONTRACTOR INFORMATION IS VALID FOR THIRTY (30) DAYS FROM  
DATE OF OPENING**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Please list a minimum of three (3) projects that your company has successfully completed within the past three (3) years which are of equal size and scope as the project to be done for HACP. This list shall be specifically prepared for this Contractor submittal and should include the name of the entity and the name and telephone number of a responsible individual qualified to respond to the questions concerning your company's abilities, costs, schedules, etc. \* Do not use the HACP as a reference \*

Prior successful accomplishment of such equal work will be a consideration in determining whether the Contractor is qualified to perform the work specified herein.

Company Name	Contact Person	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list all anticipated subcontractors:

Name of Company	Address/Telephone	Type of Craft
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____