## 12444122Q0111

### **ATTACHMENT 3**

### RELEVANT EXPERIENCE/PAST PERFORMANCE QUESTIONNAIRE

Instructions: See Box 9, remarks, if extra space is needed to answer any item below. Additional sheets may be attached. 1. Contractors Name, Address, Telephone No., & Email 2. Type of Business \_Co-Partner \_\_\_\_Non-profit \_Company \_\_\_\_Individual CAGE: ueiSAM: 3. How many years experience do you have in this line of work

Years 4. How many years experience as a Prime Contractor Subcontractor 5. LIST OF RELATIVE JOBS YOUR BUSINESS HAS COMPLETED WITHIN THE LAST THREE (3) YEARS NOTE: The description of work performed should be in sufficient detail for the Government to determine what the work included. (i.e., what tasks were performed, (grounds maintenance, erosion control, mulching, forestry work performed, type of equipment used, special safety or requirements) Use of only a project title does not usually provide enough detail for the Government to make an evaluation. Contract Number:\_\_\_\_\_ Award Amount: \_\_\_\_\_ Client/Company's Name/Address: Contact Name and Telephone number: \_\_\_\_\_\_ Description of Work Performed: Date completed or scheduled for completion: Contract Number: Award Amount: Client/Company's Name/Address: Contact Name and Telephone number: Description of Work Performed: \_\_\_ Date completed or scheduled for completion:

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# RELEVANT EXPERIENCE/PAST PERFORMANCE QUESTIONNAIRE

Contract Number:	Award Amount:			
Client/Company's Name/Address:				
Contact Name and Telephone number:				
Description of Work Performed:				
Date completed or scheduled for completion:				
Contract Number:	Award Amount:			
Client/Company's Name/Address:				
Contact Name and Telephone number:				
Description of Work Performed:				
<u> </u>				
Date completed or scheduled for completion:				
Contract Number:	Award Amount:			
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Description of Work Performed:				
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6a. Have you ever failed to complete any work awarded to you?YesNo					
6b. Has work ever been completed by performance bond?YesNo					
6. If "yes" to either item 7a or 7b specify location(s) and reason(s) why:					
- <u></u>					
7. List the experience of the principal individuals of your business:					
INDIVIDUALS NAME PRE	SENT POSITIO	N	YRS EXP	TYPE OF WORK	
8. REMARKS (Additional sheets may be attached to the experience questionnaire)					
CERTIFICATION: I certify that all of the statements made by me are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the Forest Service with any information needed to verify my capability					
to perform this project:					
Name:	Title:			Date:	

Any Additional Information: