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| moseal | STATE OF MISSOURIOFFICE OF ADMINISTRATIONDIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION**CONTRACTOR’S QUALIFICATIONS** |  |
| DATE      |
| NAME OF FIRM      |
| ADDRESS      | CITY      | STATE   | ZIP      |
| PHONE NUMBER      | FAX NUMBER      | EMAIL ADDRESS      |
| CONSTRUCTION CAPABILITIES |
| [ ]  GENERAL | [ ]  PLUMBING | [ ]  AIR CONDITIONING | [ ]  DEMOLITION |
| [ ]  ELECTRICAL | [ ]  HEATING | [ ]  VENTILATION | [ ]  OTHER |
| BUSINESS TYPE: |
| [ ]  CORPORATION | [ ]  PARTNERSHIP | [ ]  SOLE PROPRIETORSHIP | [ ]  JOINT VENTURE |
| **CORPORATION ONLY** |
| DATE OF INCORPORATION      |
| NAME OF STATE(S) IN WHICH INCORPORATED      |
| IF NOT INCORPORATED IN MISSOURI, PROVIDE CERTIFICATE OF AUTHORITY TO DO BUSINESS IN MISSOURI | CERTIFICATE NO.      | DATE      |
| PRESIDENT NAME      | VICE PRESIDENT NAME      |
| SECRETARY NAME      | TREASURER NAME      |
| **PARTNERSHIP ONLY** |
| DATE OF ORGANIZATION      | PARTNERSHIP |
| [ ]  GENERAL [ ]  LIMITED [ ]  ASSOCIATION |
| **List All Partners (Use Additional Sheet If Necessary)** |
| NAME      | ADDRESS      |
| NAME      | ADDRESS      |
| NAME      | ADDRESS      |
| NAME      | ADDRESS      |
| **GENERAL INFORMATION** |
| FEDERAL ID NUMBER      | SOCIAL SECURITY NUMBER      |
| PERCENT OF WORK DONE BY CONTRACTOR      | NUMBER OF PERMANENT EMPLOYEES      | GEOGRAPHICAL LIMITS OF OPERATION      |
| NUMBER OF YEARS IN BUSINESS      | IF YOU HAVE DONE BUSINESS UNDER A DIFFERENT NAME, GIVE NAME AND LOCATION      |
| HAS FIRM EVER FAILED TO COMPLETE PROJECT OR DEFAULTED ON A CONTRACT? IF SO, STATE WHERE AND WHY          |
| HAS FIRM EVER BEEN ENGAGED IN LITIGATION OVER ANY CONTRACT? IF SO, EXPLAIN          |

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| LIST COMPLETED PROJECTS WITHIN LAST FIVE (5) YEARS INCLUDING COST OF EACH, NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER CONTACT.      |
| LIST PROJECTS CURRENT UNDER CONSTRUCTION INCLUDING COST OF EACH, NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER CONTACT.      |

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