

II. PREQUALIFICATION QUESTIONNAIRE

ALL INFORMATION REQUESTED MUST BE FURNISHED ON THE FORMS PROVIDED BELOW
AND MUST BE COMPLETED IN ORDER TO PREQUALIFY.

A. CONTRACTORS NAME AND ADDRESS

Company Name: _____		
	Telephone _____	Facsimile _____
Street Address: _____	_____	_____
	Street Address	City & State Zip Code
Contact Person #1: _____	Name, Title	Email
Contact Person #2: _____	Name, Title	Email

B. CONTRATORS TEAM COMPOSITION

1. Contractor: _____
Company Name

Does Contractor specified in section II.A above intend to self-perform the parking AC pavement and topping slab demolition and removal trade work? Yes No