

**SOUTHEAST MISSOURI STATE UNIVERSITY**

One University Plaza, MS7700

Cape Girardeau, MO 63701

**CONTRACTOR'S QUALIFICATIONS**

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone with Area Code

\_\_\_\_\_  Corporation  Partnership  Individual  
Date

CONSTRUCTION CAPABILITIES:  General  Electrical  Plumbing

Heating, Air Conditioning and Ventilation  Other \_\_\_\_\_

**FOR CORPORATION ONLY**

\_\_\_\_\_  
Federal I.D. Number

\_\_\_\_\_  
Date of Incorporation

\_\_\_\_\_  
Name of State(s) in Which Incorporated

\_\_\_\_\_  
If not incorporated in Missouri, give Certificate of Authority to do business in Missouri.

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
President's Name

\_\_\_\_\_  
Vice President's Name

\_\_\_\_\_  
Secretary's Name

\_\_\_\_\_  
Treasurer's Name

**FOR PARTNERSHIP ONLY**

Is the Partnership:      General      Limited      Association

\_\_\_\_\_  
Date of Organization

1. \_\_\_\_\_

\_\_\_\_\_  
Names and Addresses with Zip Codes of all Partners

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Use Additional Sheet if Necessary

\_\_\_\_\_  
Federal I.D. Number

\_\_\_\_\_  
or Social Security Number

**GENERAL INFORMATION**

\_\_\_\_\_  
Percent (%) of Work Done by Own Self

\_\_\_\_\_  
Number of Permanent Employees

\_\_\_\_\_  
Geographical Limits of Operation

\_\_\_\_\_  
If you have done business under a different name, please give name and location.

\_\_\_\_\_  
Has firm ever failed to complete project or defaulted on a contract? If so, why?

\_\_\_\_\_  
Has firm ever been engaged in litigation over any contract? If so, explain.

LIST OF COMPLETED PROJECTS WITHIN PAST FOUR YEARS, INCLUDING COST OF EACH, AND NAME AND ADDRESS OF OWNER CONTACT:

LIST OF PROJECTS CURRENTLY UNDER CONSTRUCTION, INCLUDING COST OF EACH AND NAME AND ADDRESS OF OWNER CONTACT:

Date: \_\_\_\_\_ 2016.