

QUALIFICATIONS OF THE GENERAL CONTRACTOR

Attach a current copy of your Contractor's License and proof of insurance.

Name of Construction Firm: _____

Business Address: _____

Office Phone No. _____ Fax Number _____

E: Mail Address: _____

Social Security No.: _____

Federal ID No.: _____

Legal Status of Organization

Individual Corporation Partnership Other

If not individual, firm was organized in the year _____ under the laws of the State of _____.

If out-of-state organization, is contractor authorized to do business in Tennessee?

Yes No

Tennessee Contractor's License Number: _____

Years in business _____. List construction experience in the last three years:

Subcontractors you use or material suppliers:

Business references (Local banks, etc.). Include address and phone number:

1. _____
2. _____
3. _____

Name, address and phone number of the last three (3) clients for whom you have performed construction work in the last two years:

1. _____
2. _____
3. _____

The undersigned hereby certifies that the information set forth in this certificate and in any attachments in support thereof, is true, correct and complete to the best of his/her knowledge and belief. The undersigned acknowledges that the Grantee will rely upon the information contained herein on a continual basis and agrees to notify the Grantee promptly in the event of any material change in that information. The undersigned also agrees to clarify this information and to confirm or update this qualification form upon request by the Grantee.

IN WITNESS WHEREOF, the General Contractor has caused the Certificate to be duly executed in its name on this _____ day of _____, _____

Company Name

Signature

Title

WITNESS