

ARCHITECT & ENGINEER QUALIFICATIONS
FOR
CITY OF WHITE PLAINS
COMMUNITY DEVELOPMENT PROGRAM
NEIGHBORHOOD HOUSING REHABILITATION PROGRAM

WPCD Received _____ Approved _____
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PART 1: COMPANY INFORMATION:

Business Name:	Business Tel. #:
Owner's Name (s):	Cell Phone Contact:
Business Address:	City/State/Zip:
Email:	
Please select if applicable: <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Woman Owned Business	

PART 2: PROFESSIONAL CAPABILITIES:

- Architecture Mechanical Structural
 Environmental Electrical Other _____

PART 3: FOR CORPORATIONS ONLY:

Federal ID Tax #:	Vice President Name:
Name of State in which incorporated:	Secretary's Name:
Date (s) of Incorporation:	Treasurer's Name:
Presidents Name:	Other:

PART 4: FOR PARTNERSHIPS ONLY:

Type of Partnership: General Limited Association

Name of Partner:	Name of Partner:
Address of Partner:	Address of Partner:
City/State/Zip:	City/State/Zip:

PART 5: GENERAL INFORMATION:

State Federal ID:	
Number of permanent employees:	Number of part-time employees:
Number of years in business:	
Geographical limits of operation:	
Annual Sales: \$	
Westchester County Home Improvement License #:	
If your company has conducted business under another name, please provide the name and address of said business below:	
Name:	
Address:	City/State/Zip
Has Company ever defaulted on any work awarded? <input type="checkbox"/> YES <input type="checkbox"/> NO	
• If YES, please provide a date: _____ and details below:	

<p>Are there any lawsuits or liens pending against Company for work performed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <ul style="list-style-type: none"> • If YES, please provide details:
<p>Has the Company, any partner/officer/director ever been indicted, tried or convicted of a crime related to work performed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <ul style="list-style-type: none"> • If YES, please state all relevant details below:
<p>List three (3) projects completed with owners name, address and telephone numbers: (to be used as references)</p>
<p>1.</p>
<p>2.</p>
<p>3.</p>
<p>Is Company on the Equal Employment Opportunities Contractors Non-Compliance List?</p> <ul style="list-style-type: none"> • If YES, provide the date Company was placed on the list: / / (mo/day/yr)
<p>What warranties and/or guarantees on work performed is provided by Company?</p>

Please attach a list of your rates and associated costs.

The undersigned hereby authorizes and requests any person, firm or corporation to furnish any and all information requested by the City of White Plains Community Development Neighborhood Rehabilitation Program in verification of the information provided by Company in this Statement of Qualifications

The undersigned understands that if any misrepresentation of the above, the undersigned will be excluded from any awarding of any bids.

The undersigned hereby certifies that the answers to the foregoing questions and all statements contained herein are true and correct to the best of Company's representatives knowledge and belief.

Company: _____ **Tel No.:** _____

By: _____ **Title:** _____

Date: _____