



LICENSE #1061308

Subcontractor's Statement of Qualifications

(Firms covering any items contained in the following Divisions must complete this form to be considered for this project.)

Divisions: 3,5,7,8,9,21,22,23,26,27,32

Subcontractor's Name:	3 Year Average EMR:
Address:	Total Core Capacity:
License # & Classification(s):	Division #(s):
LAUSD Prequalified (Y/N):	BIM Experience & Capabilities:
Past Projects with PINMOR:	Utilize LAUSD's E-Management System (COLIN) (Y/N):
Ability of subcontractor to mobilize extra resources in case of unforeseen issues or as needed (Y/N):	

Subcontractor's Firm Experience in the Past 10 Years

(three projects comparable in value and complexity to the work to be performed on this project).

Project 1

Project Name:
Client Name:
Value:
Project Description:

Project 2

Project Name:
Client Name:
Value:
Project Description:

Project 3

Project Name:
Client Name:
Value:
Project Description:

Subcontractor's Firm References

Reference 1

Client/GC Name:
Project Name:
Contact:
Phone/Email:

Reference 2

Client/GC Name:
Project Name:
Contact:
Phone/Email:

Subcontractor's Key Personnel

Project Manager's Name:
Work Experience and Work History:
Reference 1 (Phone/Email):
Reference 2 (Phone/Email):

Foreman's Name:
Work Experience and Work History:
Reference 1 (Phone/Email):
Reference 2 (Phone/Email):