



**REQUEST TO JOIN THE WCS CONSTRUCTION BIDDER'S LIST**

**DATA SHEET**

*YOU MAY COMPLETE THIS FORM ELECTRONICALLY BY VISITING OUR WEBSITE:*

[http://www.wcsconstruction.com/contact/bid\\_qualifications.pdf](http://www.wcsconstruction.com/contact/bid_qualifications.pdf)

*\*Required Information*

\*COMPANY NAME:

\*PHYSICAL ADDRESS (no post office boxes please):

\*CONTACT:

\*PHONE:

\*EMAIL:

\*FAX:

DIRECT LINE:

\*TYPE OF BUSINESS: CORPORATION PARTNERSHIP INDIVIDUAL JOINT VENTURE OTHER

\*HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS AS A CONTRACTOR?

\*UNDER WHAT FORMER NAMES HAS YOUR ORGANIZATION OPERATED?

\*IF A CORPORATION: DATE OF INCORP?

\*STATE OF CORP?

\*PRESIDENT'S NAME:

\*SECRETARY'S NAME:

\*IF AN INDIVIDUAL OR PARTNERSHIP:

DATE OF ORGANIZATION:

\*NAME AND ADDRESS OF GENERAL AND ALL LIMITED PARTNERS:

**\*CHECK ALL BUSINESS CERTIFICATIONS THAT APPLY:**

DC CBE: CERTIFICATION #: EXP. DATE:

WOMAN-OWNED MINORITY-OWNED SERVICE VETERAN-OWNED

SERVICE-DISABLED VETERAN OWNED DC WARD WARD#

DC D.O.E.S. APPRENTICESHIP & TRAINING CERTIFICATE # EXP. DATE:

HAVE YOU EVER COMPLETED A DC D.O.E.S. FIRST SOURCE AGREEMENT? YES NO

HUD SECTION 3: CERTIFICATION #: EXP. DATE:

SBA(8a): CERTIFICATION #: EXP. DATE:

Return completed form to: 3303 Stanton Rd. SE Washington, DC 20020  
ATTN: Elmer Goad FAX: 202-889-8875, email: egoad@wcsmith.com



**\*BUSINESS LICENSES**

FEDERAL ID#

DUN & BRADSTEET#

DC:	LICENSE #:	EXP. DATE:
MD:	LICENSE #:	EXP. DATE:
VA:	LICENSE #:	EXP. DATE:
OTHER:	LICENSE #:	EXP. DATE:

**\*HAVE YOU EVER FAILED TO COMPLETE ANY WORK AWARDED TO YOU? IF SO, NOTE WHEN, WHERE AND WHY:**

**\*WITHIN THE LAST FIVE YEARS HAS ANY OFFICER OR PARTNER OF YOUR ORGANIZATION EVER BEEN AN OFFICER OR PARTNER OF ANOTHER ORGANIZATION WHEN IT FAILED TO COMPLETE A CONSTRUCTION CONTRACT? IF SO, NOT WHEN, WHERE AND WHY:**

**\*LIST FIVE MAJOR CONSTRUCTION PROJECTS YOUR ORGANIZATION HAS IN PROGRESS. GIVE NAME OF PROJECT, OWNER, ARCHITECT, CONTRACT AMOUNT AND SCHEDULED COMPLETION DATE:**

- 1) PROJECT
  - a) OWNER:
  - b) ARCHITECT:
  - c) CONTRACT AMOUNT:
  - d) SCHEDULED COMPLETION DATE:
- 2) PROJECT
  - a) OWNER:
  - b) ARCHITECT:
  - c) CONTRACT AMOUNT:
  - d) SCHEDULED COMPLETION DATE:
- 3) PROJECT
  - a) OWNER:
  - b) ARCHITECT:
  - c) CONTRACT AMOUNT:
  - d) SCHEDULED COMPLETION DATE:



- 4) PROJECT
  - a) OWNER:
  - b) ARCHITECT:
  - c) CONTRACT AMOUNT:
  - d) SCHEDULED COMPLETION DATE:

- 5) PROJECT
  - a) OWNER:
  - b) ARCHITECT:
  - c) CONTRACT AMOUNT:
  - d) SCHEDULED COMPLETION DATE:

**\*LIST MAJOR CONSTRUCTION PROJECTS YOUR ORGANIZATION HAS COMPLETED IN THE PAST FIVE YEARS. GIVE NAME OF PROJECT, OWNER, ARCHITECT, CONTRACT AMOUNT AND COMPLETION DATE AND PERCENTAGE OF COST OF THE WORK COMPLETED BY YOUR OWN FORCES:**

- 1) PROJECT
  - a) OWNER:
  - b) ARCHITECT:
  - c) CONTRACT AMOUNT:
  - d) SCHEDULED COMPLETION DATE:
  - e) PERCENTAGE OF COST OF THE WORK COMPLETED BY YOUR OWN FORCES:

- 2) PROJECT
  - a) OWNER:
  - b) ARCHITECT:
  - c) CONTRACT AMOUNT:
  - d) SCHEDULED COMPLETION DATE:
  - e) PERCENTAGE OF COST OF THE WORK COMPLETED BY YOUR OWN FORCES:

- 3) PROJECT
  - a) OWNER:
  - b) ARCHITECT:
  - c) CONTRACT AMOUNT:
  - d) SCHEDULED COMPLETION DATE:
  - e) PERCENTAGE OF COST OF THE WORK COMPLETED BY YOUR OWN FORCES:



4) PROJECT

- a) OWNER:
- b) ARCHITECT:
- c) CONTRACT AMOUNT:
- d) SCHEDULED COMPLETION DATE:
- e) PERCENTAGE OF COST OF THE WORK COMPLETED BY YOUR OWN FORCES:

5) PROJECT

- a) OWNER:
- b) ARCHITECT:
- c) CONTRACT AMOUNT:
- d) SCHEDULED COMPLETION DATE:
- e) PERCENTAGE OF COST OF THE WORK COMPLETED BY YOUR OWN FORCES:

**\*TRADE(S) COVERED:**

**\*CSI DIVISION(S):**

**\*INDICATE WORK PERFORMED BY YOUR OWN FORCES:**

**\*LIST THE KEY INDIVIDUALS OF YOUR ORGANIZATION AND THEIR CONSTRUCTION EXPERIENCE:**

**\*PROVIDE TRADE REFERENCES:**

**\*PROVIDE BANK REFERENCES:**

**\*IS YOUR COMPANY BONDABLE? YES NO BONDING LIMITS:**

**NAME OF BONDING COMPANY, AGENT NAME AND ADDRESS:**

COMPANY NAME:

PHYSICAL ADDRESS:

AGENT:

PHONE:

FAX:

EMAIL:

DIRECT LINE: