Print Form

CONTRACTOR'S PREQUALIFICATION APPLICATION

City of Grants Pass

GRANTS PASS
WHERE THE ROGUE RIVER RUNS
OREGON

Equipment and Experience Questionnaire
Adopted by the Department of Administrative Services

Application of: _____

Submitted Date: _____

☐ An Individual ☐ Co-Partnership ☐ Corporation ☐ Joint Venture ☐ Member of Joint Venture

Address to which all applicant's correspondence is to be mailed:

Mailing Address	City & State	Zip Code
Telephone Number	Fax Number	Email Address

This Prequalification Application is submitted for the following purpose: (Check One)

☐ This is a prequalification application for such period of time as designated by the mandatory prequalification rules adopted by the Public Contracting Agency.

☐ This is a prequalification application for the following:

_____
(Name of Project)

Scheduled Bid Opening _____
(Date)

This space for Engineering use only.

This prequalification application is subject to the provisions of Ordinance #4752, adopted by the Council of the City of Grants Pass on December 2, 1992 and Ordinance 5517/Resolution 5682 adopted by the Council of the City of Grants Pass on June 2, 2010.