City of Grants Pass

CONTRACTOR'S PREQUALIFICATION APPLICATION



Equipment and Experience Questionnaire Adopted by the Department of Administrative Services

Application of:					
Submittal Date:		<u>-</u>			
☐ Individual Co-Partnership		Corporation	Joint Venture	Member of Joint Ventur	
Address to which all a	applicant's correspon	dence is to be mailed:			
Mailing Address		ty & State	Zip Cod	Zip Code	
Business Phone Number		ll Phone Number	Fax Number		
Contact Name		ail Address			
This Prequalification		ted for	This space for Engine	eering use only.	
the following purpose	•				
	alification application				
· ·	time as designated bequalification rules ac				
1	Contracting Agency.	lopted			
	alification applicatior	n for			
the following:					
Nam	ne of Project				

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.

101 Northwest A Street -- Grants Pass, Oregon 97526 -- (541) 450-6060 -- Fax (541) 476-9218 -- www.grantspassoregon.gov