

CEMCO QUALIFICATION APPLICATION
ITB# 2016-02 JANITORIAL SERVICES

Company Name: _____

Representative: _____

Representative's Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Federal I.D. Number: _____

E-Verify Number: _____

Years In Business: _____

Years Operating Under Current Business Name: _____

Former Name Organization has Operated Under (If Applicable): _____

Does the vendor or any officer, director or owner of the company have any pending litigation, outstanding financial dispute relating to prior or current performance with CEMCO, other government agency, individual, company or other party? (circle yes or no) **Yes or No**

If Yes, Please describe: _____

Has the vendor or any officer, director or owner of the company had a contract terminated due to non-performance issues in the past three (3) years? (circle yes or no) **Yes or No**

If Yes, Please Describe: _____

Application Submitted by: _____

Date: _____

(Signature)