E. CONTRACTOR'S QUALIFICATION STATEMENT

This statement is to be submitted as part of the Bid Package. (Note: Attach separate sheets if needed.)

The undersigned certified the truth and correctness of all statements and of all answers to questions made hereinafter.

Submitted by: _____ Corporation _____

Name: _____ Partnership _____

Address: _____ Individual _____

Principal Office: _____ Joint Venture _____

Other _____

How many years has your organization been in business as a Traffic Signal Contractor? _____

How many years has your organization been in business under its present business name? _____

If a corporation, answer the following:

1) Date of incorporation: _____

2) State of incorporation: _____

3) President's name: _____

4) Vice President's name(s): _____

5) Secretary or Clerk's name: _____

6) Treasurer's name: _____

7) List name and address of all parties holding greater than ten percent (10%) interest in the corporation:

_____

_____

If individual or partnership, answer the following:

1) Date of origination: _____

2) Name and address of all partners (State whether general or limited partnership):

If other than corporation or partnership, describe organization and name principals:

We normally perform ____% of the work with our own employees. List trades below:

Have you ever failed to complete any work awarded to you? If so, note when, where and why:

Has any officer or partner of your organization ever been an officer or partner of another organization that failed to complete a construction contract? If so, state circumstances:

List at least two other municipalities where your firm has performed preventive and response maintenance on both **Peeks** and **Econolite** control equipment to date and **include a contact name and number at these municipalities**:

List at least three additional municipalities where your firm has experience performing preventive and response maintenance that may not utilize **Peeks** and **Econolite** control equipment and **include a contact name and number at these municipalities**:

List at least one additional municipality where your firm has experience performing preventive and response maintenance on Rhythm In|Sync adaptive traffic signal equipment that may not utilize **include a contact name and number at these municipalities**:

Describe your firm's expertise related to maintaining and troubleshooting fiber optic and wireless Ethernet communications networks, including your familiarity and experience working on PennDOT's Commonwealth network hubs, experience with layer 2 and layer 3 switches, and testing and tipping of fiber optic cable. If not capable in-house, name the subcontractors you use for these services and provide their answers to these questions.

List the names of IMSA certified employees and their associated levels of traffic signal (and other) certifications.

Dated at _____
this _____ day of _____, 20_____.
Name of Organization: _____

By: _____
Title: _____

_____, being duly sworn, deposes and says that he/she is the _____ of Contractor(s), and that answers to the foregoing questions and all statements therein contained are true and correct.

Subscribed and sworn before me this _____ day of _____, 20_____.
Notary Public: _____
My Commission Expires: _____