

# WORK TYPE REQUEST

COMPLETE ONE FORM FOR EACH WORK CLASSIFICATION REQUESTED. MAKE ADDITIONAL COPIES AS NEEDED.

COMPANY NAME	WORK CLASSIFICATION CODE
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WORK CLASSIFICATION NAME

1) DESCRIBE THE WORK THAT YOUR COMPANY DOES IN THIS WORK CLASSIFICATION

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2) LIST THOSE OWNERS AND EMPLOYEES WHO HAVE RESPONSIBILITY, OR WHOSE EXPERIENCE, EDUCATION AND EXPERTISE IS RELIED UPON IN THIS WORK CLASSIFICATION. FOR EACH INDIVIDUAL LISTED, BE SURE THAT A COMPLETE *WORK EXPERIENCE RESUME* HAS BEEN SUBMITTED.

OWNER/KEY PERSONNEL	SUMMARIZE EDUCATION AND/OR YEARS OF EXPERIENCE IN THIS WORK CLASSIFICATION

3) SUBMIT DOCUMENTATION OF EXPERIENCE (GOVERNMENT OR PRIVATE) OF THIS COMPANY IN THIS **WORK CLASSIFICATION**. PROVIDE COPIES OF PAGES FROM THE LARGEST COMPLETED CONTRACT, SUBCONTRACT, PURCHASE ORDER OR INVOICE SHOWING:

- Dollar amount, and
- Specific work performed, service provided or material supplied (include specific items or work and quantities supplied), and
- Signature page and proof of execution.

4) LIST EQUIPMENT NECESSARY TO PERFORM IN THIS WORK CLASSIFICATION. CHECK IF OWNED, LEASED OR OTHERWISE AVAILABLE.

EQUIPMENT NAME	Owned	Lease	Other	EQUIPMENT NAME	Owned	Lease	Other

5) SUBMIT DOCUMENTATION OF EQUIPMENT OWNED OR LEASED/RENTED FOR THIS WORK CLASSIFICATION, INCLUDING:

- Registrations, titles, purchase orders and other proofs of purchase of equipment owned by your company, and
- Signed and executed lease or rental agreements for equipment leased or rented by your company.

## WORK TYPE REQUEST

### APPLICANTS FOR SUPPLY WORK MUST ALSO COMPLETE THE FOLLOWING

1) If the company manufactures or substantially alters this product/material, please explain:

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2) Do you maintain an inventory of this product or material? If yes, provide a list showing your current inventory.

Yes                      No

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3) Where do you store your inventory?

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4) Is this space: (Check areas that apply)

Owned                      Rented/Leased                      Other

- Provide proof of ownership, lease/rental or evidence of other arrangements.

5) List the amount of your sales from this product/material for each of the last three years:

YEAR	AMOUNT OF SALES

6) List your company's top three customers for this product/material for the last three years:

YEAR	CUSTOMER 1	CUSTOMER 2	CUSTOMER 3

7) For this product/material, list suppliers and materials they supply. Attach additional sheets as needed.

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8) Does your company deliver these products/materials with it's own equipment?                      Yes                      No

9) If not listed previously, list equipment owned or leased by your company to deliver products/materials to customers:

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AUTHORIZED SIGNATURE	DATE
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