



HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

3430 Courthouse Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2433

Robert J. Frances, P.E., Director
bfrances@howardcountymd.gov

FAX 410-313-3298
TDD 410-313-2323

**QUALIFICATIONS QUESTIONNAIRE for
HOWARD COUNTY ON SITE UTILITY CONTRACTOR LICENSE**

NAME OF LICENSEE _____ DATE _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

1. CONSTRUCTION EXPERIENCE – (Major work performed during past 3 years, beginning with most recent work)

a. Most recent work:

Agency or firm for whom work was performed: _____

Address: _____

Email: _____ Phone: _____

Persons having supervisory and project responsibility within Agency or Firm for whom work was performed:

Firm performing Engineering Inspections Services during construction:

Name: _____ Phone: _____

Address: _____

Persons having supervisory responsibility within Firm performing Engineering Inspections Services during construction:

Job Description: _____

Contract or other identifying number of work: _____

Location where work was performed: _____

Dollar amount of award: _____

Date of commencement and date of completion of work: _____ to _____

b. Next most recent work:

Agency or firm for whom work was performed: _____

Address: _____

Email: _____ Phone: _____

Persons having supervisory and project responsibility within Agency or Firm for whom work was performed:

Firm performing Engineering Inspections Services during construction:

Name: _____ Phone: _____

Address: _____

Persons having supervisory responsibility within Firm performing Engineering Inspections Services during construction:

Job Description: _____

Contract or other identifying number of work: _____

Location where work was performed: _____

Dollar amount of award: _____

Date of commencement and date of completion of work: _____ to _____

c. Next most recent work:

Agency or firm for whom work was performed: _____

Address: _____

Email: _____ Phone: _____

Persons having supervisory and project responsibility within Agency or Firm for whom work was performed:

Firm performing Engineering Inspections Services during construction:

Name: _____ Phone: _____

Address: _____

Persons having supervisory responsibility within Firm performing Engineering Inspections Services during construction:

Job Description: _____

Contract or other identifying number of work: _____

Location where work was performed: _____

Dollar amount of award: _____

Date of commencement and date of completion of work: _____ to _____

d. Next most recent work:

Agency or firm for whom work was performed: _____

Address: _____

Email: _____ Phone: _____

Persons having supervisory and project responsibility within Agency or Firm for whom work was performed:

Firm performing Engineering Inspections Services during construction:

Name: _____ Phone: _____

Address: _____

Persons having supervisory responsibility within Firm performing Engineering Inspections Services during construction:

Job Description: _____

Contract or other identifying number of work: _____

Location where work was performed: _____

Dollar amount of award: _____

Date of commencement and date of completion of work: _____ to _____

2. NAMES OF KEY PERSONNEL AND THEIR WORK-RELATED EXPERIENCE:

3. LIST OF MAJOR WORK AND ASSOCIATED EQUIPMENT:

4. BONDING CAPABILITY: _____

5. OTHER INFORMATION CONSIDERED TO BE PERTINENT: _____

Original Signature of Licensee

Date

Title