

HOUSING AUTHORITY OF THE COUNTY OF SANTA BARBARA
815 West Ocean Avenue
Lompoc, California 93436

STATEMENT OF BIDDER'S QUALIFICATIONS

All questions, if applicable, must be answered and the data must be clear and comprehensive. (This statement must be notarized).

1. Name of Bidder: _____
2. Permanent main office address: _____

3. Main office telephone number: _____
4. Date organized: _____
5. Where incorporated: _____
6. Number of years engaged in contracting business under present firm name: _____
7. General character of work performed by firm: _____

8. Contractor's State License Number: _____
9. Issue date of Contractor's License: _____
10. Expiration date of Contractor's License: _____
11. Business License Number: _____
12. Business License Expiration Date: _____

The undersigned declares that the representations made in this document are made under penalty of perjury.

(Signature of Bidder)

State of California, County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____ by _____ personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: _____