

APPENDIX B- REFERENCE FORM

**QUALIFICATIONS OF BIDDER:** Bidder must have the capability and capacity in all respects to fully satisfy the contractual requirements.

Indicate the length of CIPP you, the contractor has successfully installed:

\_\_\_\_\_ Linear Feet

Indicate the length of CIPP you, the project superintendent has successfully installed:

\_\_\_\_\_ Linear Feet

Provide the name of the CIPP manufacturer \_\_\_\_\_

PLEASE LIST PRIOR GOVERNMENT CLIENTS YOUR FIRM HAS PROVIDED SIMILAR GOODS AND SERVICES TO IN THE PAST TWENTY FOUR (24) MONTHS

1. CLIENT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL \_\_\_\_\_ CONTACT \_\_\_\_\_  
PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF WORK: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_ LF INSTALLED \_\_\_\_\_

2. CLIENT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL \_\_\_\_\_ CONTACT \_\_\_\_\_  
PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF WORK: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_ LF INSTALLED \_\_\_\_\_

3. CLIENT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL \_\_\_\_\_ CONTACT \_\_\_\_\_  
PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF WORK: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_ LF INSTALLED \_\_\_\_\_

4. CLIENT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL \_\_\_\_\_ CONTACT \_\_\_\_\_  
PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF WORK: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_ LF INSTALLED \_\_\_\_\_