



HUB STATEMENT OF QUALIFICATION

HUB Certified Vendors

Please make sure your contact information is also up to date in SWUC.

Company Name	Tax ID (last 4 digits)	Website		Email	
Contact Name	Title	Telephone #:	Fax #:	Years in Business	# of Employees
Address	City	State	Zip Code	NC License No.	License Limitation

License Type: General ___ Mechanical ___ Electrical ___ Plumbing ___

Bonded: Yes ___, No ___; Capacity _____

List the main specialty service(s) that your company provides:

Relevant Project History (2):

(1) Project Name	Year Work Completed	Owner or Prime Contractor	Work Performed Contract Total \$
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Reference Contact Information: Name, Title, Telephone Number, E-mail

Scope of Work Performed in Detail:

(2) Project Name	Year Work Completed	Owner or Prime Contractor	Work Performed Contract Total \$
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Reference Contact Information: Name, Title, Telephone Number, E-mail

Scope of Work Performed in Detail:

Please attach company literature, license, and any additional relevant Project History

Signature of Principal or Company Officer

Title

The HUB Office wants to make sure your company is considered when project opportunities are available, so please carefully consider your answers to this form and complete it in its entirety. If you have any questions, please contact Grover Burtney at 919-807-2431 or Grover.Burtney@doa.nc.gov