|  |
| --- |
| CONSULTANT INFORMATION |
| Name:  |       |
| Organization Name: (if applicable) |       |

|  |
| --- |
| MINIMUM QUALIFICATIONS |
| *Please check all boxes that apply.*[ ]  Licensed to do business in the State of Washington. If not licensed, provide a written intent to become licensed in Washington within thirty (30) calendar days of being selected as the Apparently Successful Contractor. [ ]  Ability to collect data from various parties and perform cost analysis. [ ]  Experience in creating reports collating data from multiple groups.  |

Consultants who do not meet the minimum qualifications noted above will be rejected as non-responsive and will not receive further consideration. Any proposal that is rejected as non-responsive will not be evaluated or scored.

|  |
| --- |
| ADDITIONAL DESIRED QUALIFICATIONS |
| *Please check all boxes that apply.*[ ]  Experience in creating reports for a legislative audience. [ ]  Knowledge of lead in water testing and remediation activities. [ ]  Knowledge of school maintenance and operations. [ ]  Experience working with water contaminants data. |

*I certify under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.*

 \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Bidder Date Place Signed (City, State)

 \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name Title Organization Name