

**ATTACHMENT A**  
**STATEMENT OF EXPERIENCE AND QUALIFICATIONS**

This form must be completed in its entirety and a copy submitted with the bid. In addition to this form, the Contractor must attach a copy of their Electrical Contractor's license and Installer Training and Certification, if applicable. **Failure to submit and meet the requirements as stated may be grounds for rejection of the bid.** The City of Albany will be the sole judge in determining if the prospective contractor meets the minimum experience requirements.

**Contractor:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_

**List three successfully completed projects totaling a minimum of three-year's experience acquiring and commissioning both Quick Chargers and Level 2 Charging Stations.** Examples should be within the last three years and projects preferably within the state of Oregon.

1. Project Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Person Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Brand & Quantity Quick Charger: \_\_\_\_\_  
Brand & Quantity Level 2 Charger: \_\_\_\_\_  
Software: \_\_\_\_\_  
Completion Date: \_\_\_\_\_
  
2. Project Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Person Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Brand/Quantity Quick Charger: \_\_\_\_\_  
Brand/Quantity Level 2 Charger: \_\_\_\_\_  
Software: \_\_\_\_\_  
Completion Date: \_\_\_\_\_
  
3. Project Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Person Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Brand/Quantity Quick Charger: \_\_\_\_\_  
Brand/Quantity Level 2 Charger: \_\_\_\_\_  
Software: \_\_\_\_\_  
Completion Date: \_\_\_\_\_

List three successfully completed projects totaling a minimum of three-year's experience installing and commissioning "network" and maintenance software. Examples should be within the last three years preferably within the state of Oregon.

1. Project Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Person Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Payment Management Software: \_\_\_\_\_  
Maintenance Software: \_\_\_\_\_  
Warranty Software: \_\_\_\_\_  
Completion Date: \_\_\_\_\_
  
2. Project Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Person Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Payment Management Software: \_\_\_\_\_  
Maintenance Software: \_\_\_\_\_  
Warranty Software: \_\_\_\_\_  
Completion Date: \_\_\_\_\_
  
3. Project Name: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Person Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Payment Management Software: \_\_\_\_\_  
Maintenance Software: \_\_\_\_\_  
Warranty Software: \_\_\_\_\_  
Completion Date: \_\_\_\_\_

Within the last two years, list a minimum of two projects using subcontractors and specify their project role. Provide project examples preferably within the state of Oregon.

1. Subcontractor: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Role: \_\_\_\_\_  
Project Date: \_\_\_\_\_
  
2. Subcontractor: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Role: \_\_\_\_\_  
Project Date: \_\_\_\_\_
  
3. Subcontractor: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Role: \_\_\_\_\_  
Project Date: \_\_\_\_\_