

APPENDIX C - STATEMENT OF EXPERIENCE REQUIREMENTS FORCURED-IN-PLACE PIPE SPOT REPAIRS

This form shall be completed in its entirety and a copy submitted with the bid. In addition to this form, the Contractor shall attach a copy of the cured-in-place pipe certification and documentation verifying that they are a licensed installer of the manufacturer’s pipe bursting system. **Failure to submit and meet the requirements as stated in Appendix B – Cured-in-Place Pipe (CIPP) Technical Specifications will 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: _____

List three successfully completed projects totaling a minimum of 12 lineal feet of 8-inch diameter mainline cured-in-place pipe spot repair installation using the proposed CIPP technology:

#1 Project Name: _____

Owner: _____

Contact Person: _____

Size of Pipe: _____

Total Length Installed: _____

Completion Date: _____

#2 Project Name: _____

Owner: _____

Contact Person: _____

Size of Pipe: _____

Total Length Installed: _____

Completion Date: _____

#3 Project Name: _____

Owner: _____

Contact Person: _____

Size of Pipe: _____

Total Length Installed: _____

Completion Date: _____

Lead Field Personnel (Include a separate sheet for each intended lead worker):

Name: _____
Address: _____
Phone: _____
Contact Person: _____

List three successfully completed projects totaling a minimum of 12 lineal feet of 8-inch mainline cured-in-place pipe spot repair installation using the proposed CIPP technology:

#1 Project Name: _____
Owner: _____
Name of Contractor Employed by: _____
Contact Person: _____
Size of Pipe: _____
Total Length Installed: _____
Completion Date: _____

#2 Project Name: _____
Owner: _____
Name of Contractor Employed by: _____
Contact Person: _____
Size of Pipe: _____
Total Length Installed: _____
Completion Date: _____

#3 Project Name: _____
Owner: _____
Name of Contractor Employed by: _____
Contact Person: _____
Size of Pipe: _____
Total Length Installed: _____
Completion Date: _____

CCTV Operator (Include a separate sheet for each intended CCTV Operator):

Name: _____
Address: _____
Phone: _____
Contact Person: _____

List all relative experience totaling a minimum of three (3) years:

NASSCO PACP Certification Expiration Date: _____