

CONTRACTOR REGISTRATION
CONTRACTOR STATEMENT OF EXPERIENCE
STATE FORM SC-9.1



STATE OF COLORADO
General Support Services, Division of Central Services
State Buildings and Real Estate Programs
1525 Sherman Street, Room 250
Denver, CO 80203-1714
PHONE: (303) 866-6141
FAX: (303) 894-7478



INSTRUCTIONS

Submission of a "Contractor's Statement of Experience" (Form SC-9.1) **qualifies** contractors through the State Buildings and Real Estate Programs' Contractor Registration Program (C.R.S 24-30-1303(1)(q) and R-24-103-402-01).

Contractor registration is required for bids on state funded construction projects equal to or greater than \$50,000. This registration form must be received by State Buildings and Real Estate Programs at 1525 Sherman Street, Room 250, Denver, CO, 80203 at least two (2) business days prior to the date fixed for publicly opening sealed bids.

Registration remains in effect for one year. Contractors have 30 days from the date of expiration to resubmit and remain registered.

The form must be completed in its entirety. Failure to include all relevant information will delay or prevent registration.

This registration is not to be considered pre-qualification for any construction project for the State of Colorado. Agencies may require submittal of additional information for specific projects.

Our web site contains a list of qualified contractors. If you believe you are qualified to bid on State of Colorado construction projects greater than \$50,000, please visit our web site: <http://www.gssa.state.co.us>, select Division of Purchasing State Buildings and Real Estate Programs, select the State Buildings' box on the left side of the screen, and select List of Qualified Contractors. The alphabetical letters will expand by selecting the first letter of you company name. For additional information, please call State Buildings and Real Estate Programs at (303) 866-6141.

Note: This registration is **NOT** for the Bid Information and Distribution System (BIDS). For information on BIDS, please visit the State Buildings' website at <http://www.gssa.state.co.us> or call the Help Desk at (303) 894-2039.

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Please indicate if this is a new registration or a renewal .

DATE SUBMITTED: _____

COMPANY INFORMATION

NAME OF COMPANY: _____

DBA or TRADE NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: (_____) _____ FAX: (_____) _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

PRINCIPAL OWNER/OFFICER: Name: _____

Title: _____

CONTACT: Name: _____ Title: _____

TELEPHONE: (_____) _____ FAX: (_____) _____

BONDING

Please indicate current bonding limits: Single Project: _____

Aggregate: _____

Please list surety companies, including address and agent.

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M/WBE SELF CERTIFICATION

In an effort to track levels of participation by women and minorities in construction for the State of Colorado, the following information is requested. Please indicate the appropriate category of ownership for your company. "Owned" in this context means a business that is at least 51 percent owned by an individual(s) who also control(s) and operate(s) it. "Control" in this context means exercising the power to make policy decisions. "Operate" means actively involved in the day-to-day management.

- | | | |
|--|---|---|
| <input type="checkbox"/> Female-Owned | <input type="checkbox"/> Male-Owned | |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific American | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Native American | <input type="checkbox"/> Other: _____ |

SERVICES PROVIDED

If you are a General Contractor interested in bidding on all types of building construction, check the box "All classes of Construction." If you are interested in contracting directly with the State for certain types of work only, check box as per **Construction Specifications Institute (CSI)** divisions. If you wish to list specific categories in the divisions please use the five (5) digit number and title per CSI format in space provided below.

- | | |
|---|---|
| <input type="checkbox"/> DIVISION 01-GENERAL REQUIREMENTS | <input type="checkbox"/> DIVISION 09-FINISHES |
| <input type="checkbox"/> DIVISION 02-SITWORK | <input type="checkbox"/> DIVISION 10-SPECIALTIES |
| <input type="checkbox"/> DIVISION 03-CONCRETE | <input type="checkbox"/> DIVISION 11-EQUIPMENT |
| <input type="checkbox"/> DIVISION 04-MASONRY | <input type="checkbox"/> DIVISION 12-FURISHINGS |
| <input type="checkbox"/> DIVISION 05-METALS | <input type="checkbox"/> DIVISION 13-SPECIAL CONSTRUCTION |
| <input type="checkbox"/> DIVISION 06-WOOD & PLASTIC | <input type="checkbox"/> DIVISION 14-CONVEYING SYSTEMS |
| <input type="checkbox"/> DIVISION 07-THERMAL & MOISTURE | <input type="checkbox"/> DIVISION 15-MECHANICAL |
| <input type="checkbox"/> DIVISION 08-DOORS & WINDOWS | <input type="checkbox"/> DIVISION 16-ELECTRICAL |
| <input type="checkbox"/> ALL CLASSES OF CONSTRUCTION | |

SIGNATURE

By _____
Signature Date

Name (typed or printed) Title

Submit completed form to State Buildings and Real Estate Programs (SBREP) at 1525 Sherman Street, Room 250, Denver, CO, 80203 or fax the completed form to 303/894-7478.

DATE RECEIVED AT SBP: _____