

GENERAL INFORMATION

OFFERERS MUST SUBMIT 2 COPIES OF THIS FORM

NAME: _____

PRINCIPALS:	TITLE:
_____	_____
_____	_____
_____	_____

ADDRESS: _____

TELEPHONE #: _____ SS #/IRS ID #: _____

- I. Did your firm submit the following documentation:
 - A. GENERAL AND PROFESSIONAL ENVIRONMENTAL LIABILITY INSURANCE CERTIFICATE?: _____
 - B. WORKMAN'S COMPENSATION INSURANCE CERTIFICATE?: _____

- II. Indicate qualifications under any of the following categories:
 - A. SMALL BUSINESS FIRM: _____
 - B. MINORITY BUSINESS ENTERPRISE: _____
 - C. WOMEN BUSINESS ENTERPRISE: _____
 - D. LABOR SURPLUS AREA BUSINESS FIRM: _____
 - E. SECTION 3 BUSINESS FIRM:
 - Category 1: _____
 - Category 2: _____

- III. Is your firm currently in violation of any regulatory rules and regulations that may have any impact on your firm's operations? (If yes, specify): _____

IV. Is your firm involved in any current litigation with Lackawanna County or the City of Scranton? (If yes, specify): _____

V. Are there any conflicts of interest to which your firm would be subject if it were to provide the requested services on behalf of the County? (If yes, specify.): _____

SIGNATURE: _____ DATE: _____