

## JACKSON COUNTY BOARD OF COUNTY COMMISSIONERS

RFP #2122-ENG-03

## **Annual Pavement Striping**

ADDENDUM 1 October 26, 2021

The purpose of this addendum is to provide additional forms that were unintentionally excluded from the original bid documents. The following two (2) forms should be completed where applicable and included in all bid response submittals:

- Experience Statement (Pg.11)
- Subcontractor List (Pg.12)

## **EXPERIENCE STATEMENT**

(TO BE SUBMITTED WITH RESPONSE PACKET)

BID NUMBER: 2122-ENG-03

**BID NAME: Annual Pavement Striping** 

List at least three references for work of a similar nature performed within the last three years.

Description of work	Year of project	Dollar amount	0
	project	of project	Company name:
			Contact person:
			Phone number:
Description of work	Year of	Dollar	
	project	amount of project	Company name:
			Contact person:
			Phone number:
Description of work	Year of	Dollar	
Description of work	project	amount of project	Company name:
			Contact person:
			Phone number:
Description of work	Year of	Dollar	
Description of work	project	amount of project	Company name:
			Contact person:
			Phone number:
Description of work	Year of	Dollar	
Description of work	project	amount of project	Company name:
		. ,	Contact person:
			Phone number:
Description of work	Year of	Dollar	
	project	amount of project	Company name:
			Contact person:
			Phone number:
Description of work	Year of	Dollar	1
2 222	project	amount of project	Company name:
			Contact person:
			Phone number:

SUBCONTRACTOR LIST (TO BE SUBMITTED WITH RESPONSE PACKET IF SUBCONTRACTORS WILL BE USED)

BID NUMBER: 2122-ENG-03

**BID NAME: Annual Pavement Striping** 

	DESCRIPTION OF WORK TO BE DONE:	
COMPANY NAME:		
ADDRESS:		
REPRESENTATIVE:		
DHONE NUMBER	CURRENT EL ORIDA LICENSE #	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:	
FAX NUMBER:	CLASSIFICATION:	
	DESCRIPTION OF WORK TO BE DONE:	
COMPANY NAME:		
ADDRESS:		
REPRESENTATIVE:		
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:	
FAX NUMBER:	CLASSIFICATION:	
	DESCRIPTION OF WORK TO BE DONE:	
COMPANY NAME:	DECORM HONOL WORK TO BE BOILE.	
ADDRESS:		
REPRESENTATIVE:		
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:	
FAX NUMBER:	CLASSIFICATION:	
	DESCRIPTION OF WORK TO BE DONE:	
COMPANY NAME:	DESCRIPTION OF WORK TO BE BONE.	
ADDRESS:		
REPRESENTATIVE:		
INCOMPANIALE.		
DUONE NUMBER:	CURRENT FLORIDA LICENSE #:	
PHONE NUMBER:	CONTENT FEMILIA FIGURE #.	
FAX NUMBER:	CLASSIFICATION:	