

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**BUSINESS DEVELOPMENT INITIATIVE
REFERENCE SHEET**

FLORIDA DEPARTMENT OF TRANSPORTATION

Equal Opportunity Office
605 Suwannee Street, MS 65
Tallahassee, Florida 32399
Phone: (850) 414-4747

Business Name: _____ **FEIN:** _____

Submit with Bid for Project/Contract No. _____

BIDDERS EXPERIENCE (in accordance with Specification 3-2.1)

BIDDER certifies that it has competently performed work as a prime contractor or subcontractor, for the owners and prime contractors set forth below, on **3** contracts/projects involving work similar to the above referenced project _____ during a **24** month period prior to the date of letting of this Project, in accordance with the information set forth below:

All references will be checked. A bid proposal will be considered non-responsive if the requested information is not provided with your bid submittal. A bidder will be considered non-responsive if the information provided does not satisfy the criteria of Specification 3-2.1.

List any and all projects worked on during the time period specified (attach additional sheets, if necessary):

_____	_____	_____	
Agency/Other entity that awarded the contract	Contact Name	Contact Phone No.	
_____	_____	_____	
Project Number	Dollar Amount	Location of Work	
_____	_____	_____	
Start Date	Completion Date	Type of Work Performed	
Prime Contractor <input type="checkbox"/>	Subcontractor <input type="checkbox"/>	Prime Consultant <input type="checkbox"/>	Subconsultant <input type="checkbox"/>
If Subcontractor/Subconsultant list Prime Contractor/Consultant _____			

_____	_____	_____	
Agency/Other entity that awarded the contract	Contact Name	Contact Phone No.	
_____	_____	_____	
Project Number	Dollar Amount	Location of Work	
_____	_____	_____	
Start Date	Completion Date	Type of Work Performed	
Prime Contractor <input type="checkbox"/>	Subcontractor <input type="checkbox"/>	Prime Consultant <input type="checkbox"/>	Subconsultant <input type="checkbox"/>
If Subcontractor/Subconsultant list Prime Contractor/Consultant _____			

Agency/Other entity that awarded the contract _____ Contact Name _____ Contact Phone No. _____

Project Number _____ Dollar Amount _____ Location of Work _____

Start Date _____ Completion Date _____ Type of Work Performed _____

Prime Contractor Subcontractor Prime Consultant Subconsultant

If Subcontractor/Subconsultant list Prime Contractor/Consultant _____

Agency/Other entity that awarded the contract _____ Contact Name _____ Contact Phone No. _____

Project Number _____ Dollar Amount _____ Location of Work _____

Start Date _____ Completion Date _____ Type of Work Performed _____

Prime Contractor Subcontractor Prime Consultant Subconsultant

If Subcontractor/Subconsultant list Prime Contractor/Consultant _____

Agency/Other entity that awarded the contract _____ Contact Name _____ Contact Phone No. _____

Project Number _____ Dollar Amount _____ Location of Work _____

Start Date _____ Completion Date _____ Type of Work Performed _____

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Agency/Other entity that awarded the contract _____ Contact Name _____ Contact Phone No. _____

Project Number _____ Dollar Amount _____ Location of Work _____

Start Date _____ Completion Date _____ Type of Work Performed _____

Prime Contractor Subcontractor Prime Consultant Subconsultant

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