

STATEMENT OF QUALIFICATIONS

DAS-14

Rev. 5/4/18 Prev. Rev. 1/12

STATE OF CONNECTICUT
DEPARTMENT OF ADMINISTRATIVE SERVICES
STATEMENT OF QUALIFICATIONS

THIS FORM WILL BE USED IN ASSESSING QUALIFICATIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

1. COMPANY INFORMATION:

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

NUMBER OF YEARS COMPANY HAS BEEN ENGAGED IN BUSINESS UNDER THIS NAME: \_\_\_\_\_ YEARS

LIST OTHER NAMES YOUR COMPANY DOES BUSINESS AS (dba): \_\_\_\_\_

LIST PREVIOUS COMPANY NAME (S): \_\_\_\_\_

2. COMPANY REFERENCES:

LIST THREE (3) CONTRACTS SIMILAR IN NATURE TO THIS SOLICITATION WHICH DEMONSTRATES YOUR COMPANIES ABILITY TO PERFORM THE REQUIRED SERVICES; MUST BE WITHIN THE LAST THREE (3) YEARS THAT YOU ACTUALLY PERFORMED SERVICE. (DO NOT INCLUDE CONTRACTS ADMINISTERED BY DAS IN THIS LIST OF REFERENCES.)

1. COMPANY NAME: \_\_\_\_\_

CONTRACT EFFECTIVE DATE: \_\_\_\_\_ CONTRACT ANNUAL VALUE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRACT DESCRIPTION: \_\_\_\_\_

2. COMPANY NAME: \_\_\_\_\_

CONTRACT EFFECTIVE DATE: \_\_\_\_\_ CONTRACT ANNUAL VALUE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRACT DESCRIPTION: \_\_\_\_\_

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3. COMPANY NAME: \_\_\_\_\_

CONTRACT EFFECTIVE DATE: \_\_\_\_\_ CONTRACT ANNUAL VALUE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRACT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**3. COMPANY VALUE:**

EQUIPMENT ASSETS: \_\_\_\_\_ TOTAL ASSETS: \_\_\_\_\_

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**4. COMPANY EQUIPMENT:**

LIST OF EQUIPMENT TO BE USED FOR THIS SERVICE, IF APPLICABLE (ATTACHED ADDITIONAL SHEETS IF NECESSARY):  
(i.e. MODEL, YEAR & MANUFACTURER AND/OR AS SPECIFIED IN SOLICITATION DOCUMENTS, IF APPLICABLE).

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**5. COMPANY CERTIFICATIONS, LICENSES AND REGISTRATIONS:**

LIST ANY RELEVANT CERTIFICATIONS, LICENSES AND REGISTRATIONS ETC. THAT QUALIFIES YOUR COMPANY TO MEET THE  
REQUIREMENTS OF THIS SOLICITATION, IF APPLICABLE.

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