

**APPENDIX B - STATEMENT OF EXPERIENCE REQUIREMENTS FOR
CURED-IN-PLACE PIPE (CIPP)**

This form shall be completed in its entirety and a copy submitted with the bid. In addition to this form, the Contractor shall attach a copy of the cured-in-place pipe certification and documentation verifying that they are a licensed installer of the manufacturer's pipe bursting system. **Failure to submit and meet the requirements as stated in Appendix A – Cured-in-Place Pipe (CIPP) Technical Specifications will be grounds for rejection of the bid.**

The City of Albany will be the sole judge in determining if the prospective contractor meets the minimum experience requirements.

Contractor:

Name: _____
Address: _____
Phone: _____
Contact Person: _____

List three successfully completed projects each totaling a minimum of 500 lineal feet of 15-inch through 24-inch diameter mainline cured-in-place pipe installation using the proposed CIPP technology:

1. Project Name: _____
Owner: _____
Contact Person: _____
Contact Person Info: Phone: _____ Email: _____
Pipe Diameter: _____
Total Length Installed: _____
Completion Date: _____

2. Project Name: _____
Owner: _____
Contact Person: _____
Contact Person Info: Phone: _____ Email: _____
Pipe Diameter: _____
Total Length Installed: _____
Completion Date: _____

3. Project Name: _____
Owner: _____
Contact Person: _____
Contact Person Info: Phone: _____ Email: _____
Pipe Diameter: _____
Total Length Installed: _____
Completion Date: _____

Lead Field Personnel (Include a separate sheet for each intended lead worker):

Name: _____
Address: _____
Phone: _____
Contact Person: _____

List three successfully completed projects each totaling a minimum of 500 lineal feet of 15-inch through 24-inch diameter mainline cured-in-place pipe installation using the proposed CIPP technology:

1. Project Name: _____
Owner: _____
Contact Person: _____
Contact Person Info: Phone: _____ Email: _____
Pipe Diameter: _____
Total Length Installed: _____
Completion Date: _____

2. Project Name: _____
Owner: _____
Contact Person: _____
Contact Person Info: Phone: _____ Email: _____
Pipe Diameter: _____
Total Length Installed: _____
Completion Date: _____

3. Project Name: _____
Owner: _____
Contact Person: _____
Contact Person Info: Phone: _____ Email: _____
Pipe Diameter: _____
Total Length Installed: _____
Completion Date: _____

CCTV Operator (Include a separate sheet for each intended CCTV Operator):

Name: _____
Address: _____
Phone: _____
Contact Person: _____

List all relative experience totaling a minimum of three years.

NASSCO PACP Certification Expiration
Date: _____