




RAMSEY COUNTY CONTRACTOR INFORMATION AND REFERENCE FORM

Ramsey County requires completion of this form for this solicitation. Failure to submit this completed form with the solicitation response will result in rejection of the Contractor's solicitation response. (Type answers in the blue boxes and save this form to your computer; then print and submit)

Company Information:

- Contractor Name- as on file with
1. MN Secretary of State's Office, if applicable: _____
2. Name of CEO or Company President: _____
3. FEIN / Contractor Tax ID Number: _____
4. Minnesota Business Licenses Filing Number: _____
5. Local Phone Number: _____ Toll Free Phone Number: _____
6. Fax Number: _____
7. Email Address: _____ 
8. Address: _____ City: _____ State: _____ Zip: _____
9. Is your company a Certified Small Business Enterprise "CERT SBE"? YES No
10. If yes, what is your CERT SBE#? _____

Solicitation Response Contact:

1. Name and Title of person to contact _____
for questions concerning this solicitation response:
2. Local Phone Number: _____ Toll Free Phone Number: _____
3. Fax Number: _____
4. Email Address: _____
5. Address: _____ City: _____ State: _____ Zip: _____

Contract Mailing Address (if different from Company Information):

1. Contact Name and Title: _____
2. Local Phone Number: _____ Toll Free Phone Number: _____
3. Fax Number: _____
4. Email Address: _____
5. Address: _____ City: _____ State: _____ Zip: _____

Reference Requirements

Provide a minimum of three (3) references for work completed within the last five (5) years that is similar to what is requested in this solicitation.

First Reference

1. Company Name: _____
2. Contact Name and Title: _____
3. Local Phone Number: _____ Toll Free Phone Number: _____
4. Email Address: _____
5. Address: _____ City: _____ State: _____ Zip: _____
6. Description of Work Completed: _____

Second Reference

1. Company Name: _____
2. Contact Name and Title: _____
3. Local Phone Number: _____ Toll Free Phone Number: _____
4. Email Address: _____
5. Address: _____ City: _____ State: _____ Zip: _____
6. Description of Work Completed: _____

Third Reference

1. Company Name: _____
2. Contact Name and Title: _____
3. Local Phone Number: _____ Toll Free Phone Number: _____
4. Email Address: _____
5. Address: _____ City: _____ State: _____ Zip: _____
6. Description of Work Completed: _____

Name and Title of Authorized Contractor Representative: _____

Signature and Date: _____