

STATE OF FLORIDA, UNIVERSITY OF CENTAL FLORIDA

GENERAL CONTRACTOR FORM

Project Name: Building Systems Testing, Adjusting, and Balancing Continuing Services

Firm Name: _____

Firm Address: _____

Telephone Number: () _____

FED I.D. NO.: _____

FLA. Corporate Charter No.: _____

How many years has your firm been providing Testing, Adjusting, and Balancing

Contractor services? _____

FDPR License No: _____

Do you make the following acknowledgments/certifications? If so, sign on the line provided below and have your signature notarized.

- a. Regarding information furnished by the applicant herewith, and as may be provided subsequently (including information presented at interview, if a finalist):
 - i) All information of a factual nature is certified to be true and accurate.
 - ii) All statements of intent or proposed future action (including the assignment of personnel and the provision of services) are commitments that will be honored by the applicant if awarded the contract.

- b. It is acknowledged that:
 - i) If any information provided by the applicant is found to be, in the opinion of the Selection Committee or the University, substantially unreliable, this application may be rejected.
 - ii) The Selection Committee may reject all applicants and may stop the selection process at any time.
 - iii) The selection of finalists for interview will be made on the basis of information provided herein. The interviewed firms will be ranked based on their total scores earned in response to the interview questions to be provided to the finalists and the results of the reference checks.

iv) It is understood that this submittal must be uploaded to: <https://ucf.bonfirehub.com/opportunities/5430>
Submittals must be received by 5:00 p.m. local time November 29, 2017. Late submissions or additional documentation will not be accepted.

- c. The undersigned certifies that he/she is a principal or officer of the firm applying for consideration and is authorized to make the above acknowledgments and certifications for and on behalf of the applicant.
- d. Failure to sign this form will result in loss of points (5 pts).

For and on behalf of the Applicant:

Sworn to and subscribed to me,

a Notary Public, this ____ day

of _____, _____.

By: _____

(type name & title)

_____(seal)