

**EXHIBIT –B**

**APPLICANTS – PLEASE PROVIDE THIS FORM TO YOUR REFERENCES AND SUBMIT A MINIMUM OF 3 COMPLETED FORMS WITH APPLICATIONS.**

**REFERENCES FOR NEW APPLICATION  
CONTRACTOR PREQUALIFICATION**

**DEAR REFERENCE:**

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE BELOW NAMED APPLICANT:**

REFERENCE FOR (company name): \_\_\_\_\_  
(Please provide reference for the above company)

Company Name (providing reference): \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Project: \_\_\_\_\_ Project Value: \_\_\_\_\_

Date of Completion: \_\_\_\_\_  
(Projects must have been completed within the past five (5) years).

Please respond to the following questions;

1. Project completed on time per original Contract Duration:  Yes  No

If No:

Time extension approved?  Yes  No

Liquidated damages assessed?  Yes  No

2. On budget Per Owner's original budget:  Yes  No

Change orders approved?  Yes  No

If yes, list approximate percentage or dollar amount attributable to each category:

\_\_\_\_\_ % Errors & Omissions

\_\_\_\_\_ % Unforeseen

\_\_\_\_\_ % Owner Request

3. Quality of Work:  ABOVE AVERAGE  AVERAGE  BELOW AVERAGE

4. Would you hire this firm again?  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date