

**STATEMENT OF QUALIFICATIONS  
SUMMARY FORM**

**GENERAL INFORMATION**

Legal Name of Applicant Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

WA State Unified Business Identifier \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

**CERTIFICATION**

I certify that to the best of my knowledge the information contained in this Proposal is accurate and complete and that I have the legal authority to commit this firm to a contractual agreement. I realize the final funding for any service is based upon available funding levels and the approval of the City Council for the City of Camas.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date