CITY OF LA MIRADA CALIFORNIA UNIFORM PUBLIC CONSTRUCTION COST ACCOUNTING ACT INFORMAL BIDDING PROCESS PRE-QUALIFICATION APPLICATION

Name of Company:		
Address:		
Telephone:	FAX:	
Email Address:		
CA Contractor's License No:		
Classifications:		
Categories of Work:		
and true, as of this date. I am properly licens	ne elements of information provided above are accurate sed and skilled to perform the above work and am able spany shall comply with all CITY, STATE, AND FEDERAL	
Typed Name	Signature	
 Title	 Date	