



BIDDERS QUALIFICATION FORM FOR SPECIALIZED FOREST PRODUCTS LEASE

Date: _____

General Information:

Company Name: _____

Authorized Company Representative _____

Mailing Address _____

City, State and Zip Code _____

Telephone Number _____

Fax Number _____

Brush, Bough or Christmas Tree (Non-Plantation) Lease: A qualified person for a special forest products lease is someone who has two (2) years of work experience in harvesting, knowledge of handling and marketing of special forest products. References attesting to this experience are required unless the interested person has established their qualification as the holder of a previous State special forest products lease.

(PLEASE CHECK ONE)

Existing or previous lessee of a State special forest products lease

(Please provide a lease number _____)

OR

Reference(s) attached

Bidders Statement: A statement of the bidders' ability to carry out the proposed operation, including payment of rent and obtaining qualifying insurance.

'I certify that all information provided on this form is accurate and true, that I am qualified to bid on a State specialized forest products lease, and if awarded, I will provide annual rent payments, other required payment and performance bonds, required certificate(s) of insurance and other documentation as requested'.

Signature

Name and phone number of your company's financial institution

Name and phone number of your company's liability insurance provider