



Application for Department of Revenue Approved Bidder's List

DR-415 R. 07/97

The following information is submitted for the purpose of establishing the applicant's qualifications and ability to satisfactorily perform contract work in the State of Florida for county property appraisers, tax collectors or county commissions.

Where necessary, supplemental explanations and schedules should be submitted. The Department of Revenue may request such additional material and data as it deems necessary to establish the qualifications and capabilities of the applicant. This application must be completed in its entirety. For any portion which does not apply, place appropriate N/A in the space provided.

Identification

Firm Name _____ Federal EI Number _____

Established _____ State _____ SSN if Individual _____

Social Security Numbers are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. Social Security Numbers obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records.

Business Organized As: () Individual () Partnership (General or Limited) () Joint Venture () Corporation () Other- Specify _____

Resident Agent _____ (Name) (Address)

If your business is a foreign corporation or foreign limited partnership, proof must be furnished that you are qualified through the Florida Secretary of State's Office to do business in Florida.

Office Address _____

City _____ State _____ Zip _____

Mailing Address for Official Correspondence (If different from above)

City _____ State _____ Zip _____

Business Telephone _____ (Area Code) (Number)

Check the following areas in which you are requesting to be placed on the approved bidder's list. For each area checked, provide detailed documentation in the remainder of the application to demonstrate your ability to provide these services.

- Electronic Data Processing Services
Computer Software
Electronic Data Processing Equipment
Assessment and/or Appraisal Services
Electronic Data Processing Consulting
Assessment and/or Appraisal Consulting
Geographic Information Systems
Micrographics Service
Microcomputers and Peripherals
Other

If the applicant is a subsidiary, parent company or holding company, list all other business relationships

Trade name of Firm	Active Inactive Divested		Relationship to Applicant Firm	When Where Organized	Principal Business
		Year			

If the applicant is a subsidiary or parent organization and has ever done business under other trade names, specify here:

Former Trade name	Year Changed	Active Inactive Divested	Year

Major Branch Offices of the Applicant or its Related Firms:

Firm Name	Location

Financial Stability

Attach here a balance sheet and income statement for your organization for the past two fiscal years.

Present Activities In Which Your Firm Is Involved

Name and Type of Project	Location	Name and Address of Owner or Official	Estimated Contract Value	Percent Completed
Total Number of present projects:			Total estimated contract value:	

Completed Work In Which Your Firm Was Involved During The Last 10 Years

Name and Type of Project	Location	Year your Work Completed	Name and Address of Owner or Official	Contract Value
Total number of completed projects:			Total contract value:	

Personal History Statement of Principals and Associates Within Your Firm
(Furnish completed data but keep to essentials)

A. Name (Last-first-middle initial)				D. Name (Last-first-middle initial)			
Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in this Firm _____	Other Than Principal _____	Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in this Firm _____	Other Than Principal _____
Education (College, degree, year, specialization)				Education (College, degree, year, specialization)			
Membership in Professional Organizations				Membership in Professional Organizations			
B. Name (Last-first-middle initial)				E. Name (Last-first-middle initial)			
Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in this Firm _____	Other Than Principal _____	Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in this Firm _____	Other Than Principal _____
Education (College, degree, year, specialization)				Education (College, degree, year, specialization)			
Membership in Professional Organizations				Membership in Professional Organizations			
C. Name (Last-first-middle initial)				F. Name (Last-first-middle initial)			
Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in this Firm _____	Other Than Principal _____	Date of Birth (mo-day-yr)	Years of Experience _____	As Principal in this Firm _____	Other Than Principal _____
Education (College, degree, year, specialization)				Education (College, degree, year, specialization)			
Membership in Professional Organizations				Membership in Professional Organizations			

Personal History Statement of Principals and Associates Within Your Firm
(Furnish completed data but keep to essentials)

(Continued)			
G. Name (Last-first-middle initial)		J. Name (Last-first-middle initial)	
Date of Birth (mo-day-yr)	Years of Experience _____ As Principal in this Firm _____	As Principal in other Firm _____ Other Than Principal _____	Date of Birth (mo-day-yr)
Education (College, degree, year, specialization)	Membership in Professional Organizations		Education (College, degree, year, specialization)
Membership in Professional Organizations			
H. Name (Last-first-middle initial)		K. Name (Last-first-middle initial)	
Date of Birth (mo-day-yr)	Years of Experience _____ As Principal in this Firm _____	As Principal in other Firm _____ Other Than Principal _____	Date of Birth (mo-day-yr)
Education (College, degree, year, specialization)	Membership in Professional Organizations		Education (College, degree, year, specialization)
Membership in Professional Organizations			
I. Name (Last-first-middle initial)		L. Name (Last-first-middle initial)	
Date of Birth (mo-day-yr)	Years of Experience _____ As Principal in this Firm _____	As Principal in other Firm _____ Other Than Principal _____	Date of Birth (mo-day-yr)
Education (College, degree, year, specialization)	Membership in Professional Organizations		Education (College, degree, year, specialization)
Membership in Professional Organizations			

Authorization

The foregoing information is submitted in support of this application for approval. The facts and data submitted are believed, to the best of our knowledge, to be true and correct.

It is understood that the Department reserves the right to contact any of those persons or firms named to verify or inquire as to the performance of the applicant.

The Department also reserves the right to request whatever supporting data it feels is necessary to determine the proper disposition of this applicant.

We hereby apply to have our firm's name placed upon the Department of Revenue's approved bidder's list.

Signature of the Applicant:

Title _____

Date _____