

**LICENSED THIRD – PARTY QEI INSPECTION
EXPERIENCE QUESTIONNAIRE**

For the City of Buffalo QEI Elevator Inspections License as defined by Chapter XI, Article 10, and Sections 163 through 178 – Fire Prevention and Building Code.

Submitted to _____

By _____
Corporation _____ Co-Partnership _____ An Individual _____

Principal Office _____

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

1. How many years have you and/or your organization been in business as an elevator inspection company under your present business name? _____
2. How many years experience in _____ elevator inspection work have you and/or your organization had: (a) As a general contractor _____ (b) As a sub-contractor _____.

3. What locations with elevators have you and/or your organization inspected?

Contract Amount	Type of Insp.	Date Completed	Name and Address of Owner
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4. Have you ever failed to complete any work awarded to you and/or your organization ? If so, where and why?

5. Have you and/or any officer or partners of your organization ever been an officer or partner of some other organization that failed to complete an elevator inspection contract?
If so, state name of individual, other organization, and reason therefore.

6. Has any office or partner of your organization ever failed to complete an elevator inspection contract in his own name? _____ If so, state name of individual, name of owner and reason therefore.

7. In what other lines of business do you and/or your organization have financial interest?

8. For what corporations or individuals have you performed work, and who should be contacted for references?

9. For what municipalities have you performed work, and who should be contacted for references?

10. For what counties have you performed work, and who should be contacted for references?

11. For what state bureaus or departments have you performed work, and who should be contacted for references?

12. Have you ever-performed work for the U.S. government? If so, who should be contacted for references?

13. What if applicable is the elevator inspection experience of all principal individuals of you organization?

Individuals Name	Job Title	Years of Inspection Experience	Possession of QEI Certificate	Date Issued & QEI Cert. No.
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14. Is any principal of this corporation (partnership) or a member of his immediate family employed by the City of Buffalo? _____ If yes, what department? _____
Name of City Employee _____.

Dated this day _____ of _____ 20 _____.

Name of Organization

By: _____

Title of Person Signing

State of _____

County of _____ ss: _____

_____ being duly sworn deposes and says that he is _____

of _____.
Name of Organization

And that answers to the foregoing questions and all statements therein contained are true and correct.

Sworn to me before this _____ day of _____ 20 _____

Notary Public

My Commission expires _____