

**SCHEDULE 1**  
**RESPONDENT QUALIFICATIONS AND EXPERIENCE**  
**SOLICITATION NO. 601320000012772**

Respondent shall use this schedule or a facsimile to clearly show how they meet the requirements set forth in the specification, Paragraph 4.

Respondent Name:	
Address: Physical: Mailing:	
Phone Number: Fax Number: E-Mail Address:	
Legal Status: Type of Organization, i.e., Corporation, partnership, sole partnership	
Person to contact with questions regarding the solicitation Name: Phone Number: E-Mail Address:	
Number of years in business and scope of operation.	
Name and title of person signing the response:	
<b>DOCUMENTATION OF COMPANY QUALIFICATIONS AND EXPERIENCE:</b>	
<p>Experience and capabilities in the areas of services to be provided. Respondent should address the following:</p> <ul style="list-style-type: none"> <li>• Be a company or individual engaged, or whose partners or participants or both are engaged in the business of providing Trash Removal and Disposal for a minimum of three years within the last five years.</li> </ul>	

This form may be modified as needed to comply with the requirement to document company information.

**THIS PAGE OR A REASONABLE FACSIMILE SHALL BE RETURNED WITH THE RESPONSE.**  
**FAILURE TO RETURN THIS PAGE OR A REASONABLE FACSIMILE WILL RESULT IN THE**  
**RESPONSE BEING CONSIDERED NON-RESPONSIVE.**