PAST PERFORMANCE QUESTIONNAIRE							
Contractor Information							
Organization/Entity Name:							
Physical address:							
Phone number:		e-mail:					
Name of the authorized pers	son of the organiz	ation/entity:	Position:				
RÚL:	Expiration da	te of RÚL:	SSN:				
SAM:	Expiration da	te of SAM:	Unique Identifier Entity:				
Information on the services and work performed by the Contractor							
Work you did as:	Contractor	Principal	Subcontractor				
	Join Venture	2	Other				
% participation: If the participation was as a subcontractor, indicate the name of the Main Contractor:							
Explain the Contractor's i	nvolvement in t	he project:					
Contract information							
Contract number:	Title of the pr	oject:					
Project localization:							
Project Type:	Fixed price	Reimbursement	Other				
Start date:	Additional tir	ne (days):	Finish date:				
If additional time has been control measures and miti	•		ons for this and indicate the ntractor:				
Original contract amount:		Additional amount:	Final amount of the contract:				
If you have granted an ad	ditional amount	to the contract, detail the	ne reasons for it:				



RATING DEFINITIONS				
Qualification	Definition			
Outstanding	It significantly exceeds the level considered normal, applying innovative methods and concepts.			
Satisfying	It meets the requested requirements; it is the normal level that every organization must achieve.			
Deficient	It did not reach the level considered normal, due to deficiencies, imperfection, lack and lack of understanding.			
Use the following ratings to evaluate the Contractor's performance on the contract listed on				

page 1 of this form

PROJECT OWNER INFORMATION					
Owner's name:					
Name of owner's authorized representative who had a principal interest in the project:					
Phone number:	Physical address:		e-mail:		
Describe your role in the project:					
Signature of the authorized representative of the owner and who completes this form					
Date this form is comp		l			

