

# Consultant Qualifications Statement

## 1. Contact Information

CONSULTANT NAME / COMPANY:

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ADDRESS:

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PHONE:

---

EMAIL:

---

WEBSITE:

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## 2. Firm Overview

YEAR ESTABLISHED:

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LEGAL STRUCTURE:

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NUMBER OF EMPLOYEES:

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BRIEF DESCRIPTION OF FIRM:

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## 3. Key Personnel

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ATTACH RESUMES/CVS AS NEEDED.

## 4. Relevant Experience

- PROJECT NAME:

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CLIENT:

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PROJECT DESCRIPTION:

---

DATES:

---

- PROJECT NAME:

---

CLIENT:

---

PROJECT DESCRIPTION:

\_\_\_\_\_  
DATES:  
\_\_\_\_\_

## 5. Services Offered

\_\_\_\_\_

## 6. Certifications & Licenses

\_\_\_\_\_

## 7. References

- NAME:

\_\_\_\_\_  
RELATIONSHIP:

\_\_\_\_\_  
CONTACT INFORMATION:

- NAME:

\_\_\_\_\_  
RELATIONSHIP:

\_\_\_\_\_  
CONTACT INFORMATION:

## 8. Signature

NAME:  
\_\_\_\_\_

TITLE:  
\_\_\_\_\_

DATE:  
\_\_\_\_\_