APPENDIX IV

QUALIFICATION QUESTIONNAIRE

BID 2026-020 Automotive Body Repair Services
Qualification Questionnaire

All vendors must complete this questionnaire to be included in proposal evaluation. Attach separate sheets if necessary.

Owner Name:

Business Name:

Include DBA if applicable:

Business Street Address:

City/State/Zip Code:

Business Phone: Fax:

E-Mail Address:

Is Business a:

Sole Proprietor ☐ Partnership ☐

Corporation ☐ LLC ☐

Other:

AUTO BODY EQUIPMENT – Mark Yes or No

Electrical and/or hydraulic pulling equipment?	☐ Yes	☐ No
Current dimensional guides appropriate to vehicle being repaired?Four (4) point clamping system for structural repairs?	☐ Yes	☐ No
3-D measuring equipment for symmetrical/asymmetrical vehicles?	☐ Yes	☐ No
Welding equipment meeting manufacturer standards?	☐ Yes	☐ No
Paint system capable of OEM requirements?	☐ Yes	☐ No
Spray booth meeting State Fire Code?	☐ Yes	☐ No
HVLP spray guns meeting EPA requirements?	☐ Yes	☐ No
Refinishing area meeting safety/environmental rules?	☐ Yes	☐ No
Factory programming capability available on site?	☐ Yes	☐ No

Normal Operating Hours

Weekdays: to

Saturdays: to

Sundays & Holidays: to

3. Number of employees on your regular payroll:

4. Do employees have special certifications or ratings? ☐ Yes ☐ No

If yes, specify:

List any certifications held by employees:

5. Number of work stations at your facility:

6. Locked, fenced, secured storage area available? ☐ Yes ☐ No

7. Largest vehicle (weight) your facility accommodates:

Do you certify, under the pains and penalties of perjury, that all information you have provided in this solicitation including all other licensing requirement documents are true and accurate? You are further advised that the Hillsborough County Sheriff's Office reserves the right to independently verify and inspect, at any time, vendor's facility and all information contained in the submitted proposal and any supporting documentation. This document must be signed by owner, or authorized signatory. You further certify that you are the principal owner, manager or authorized signatory and have sufficient authority to execute this proposal submission.

Printed name of Owner or Authorized Signatory Date

Signature of Owner or Authorized Signatory Date