

# Attachment B

## OPERATOR WATERSHED REHABILITATION EXPERIENCE

This contract requires a minimum number of hours operating the type of equipment listed below and a minimum number of hours performing road removal and watershed rehabilitation in steep mountainous terrain. Refer to the Scope of Work section for the required number of hours. **FILL THIS FROM OUT COMPLETELY AND CONFIRM ADDRESSES AND PHONE NUMBERS. ANY INFORMATION LEFT BLANK OR OUT-DATED CONTACT INFORMATION MAY RESULT IN DISQUALIFICATION OF CONTRACT BID.**

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Equipment type (dozer, excavator, etc.): \_\_\_\_\_  
Size class (in thousands of pounds): \_\_\_\_\_  
Operator name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Operator address: \_\_\_\_\_  
\_\_\_\_\_

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Note: Name listed for each reference should include agency, group, or individuals for whom rehabilitation work was performed. Current phone number must be listed for project supervisors (or other person) familiar with the day-to-day equipment operation and the project's outcome.

### Reference #1

Name: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Hours per day: \_\_\_\_\_  
\_\_\_\_\_ Project Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_

Brief description of work:

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### Reference #2

Name: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Hours per day: \_\_\_\_\_  
\_\_\_\_\_ Project Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_

Brief description of work:

OPERATOR WATERSHED REHABILITATION EXPERIENCE, continued  
(copy and use as many sheets as necessary to document experience)

Reference # \_\_\_\_\_

Name: \_\_\_\_\_

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Address: \_\_\_\_\_

Hours per day: \_\_\_\_\_

\_\_\_\_\_

Project supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Brief description of work:

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Reference # \_\_\_\_\_

Name: \_\_\_\_\_

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Address: \_\_\_\_\_

Hours per day: \_\_\_\_\_

\_\_\_\_\_

Project supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Brief description of work:

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Reference # \_\_\_\_\_

Name: \_\_\_\_\_

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Address: \_\_\_\_\_

Hours per day: \_\_\_\_\_

\_\_\_\_\_

Project supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Brief description of work: