

PRE-QUALIFICATION FORM “13”

OPERATING EXPERIENCE

*(To be completed by each Entity demonstrating compliance with the Pre-Qualification Requirement specified in Section 4.7 (Operation Experience) of the Invitation)
(Capitalized terms shall have the meaning ascribed to them in the Invitation)*

I, _____, the undersigned, am making this affidavit on behalf of _____
(name of Experience Provider):

Project Details	Project [add additional columns as necessary]			
	“1”	“2”	“3”	“4”
Name of project				
Type of Rail Project	<input type="checkbox"/> LRT <input type="checkbox"/> Metro	<input type="checkbox"/> LRT <input type="checkbox"/> Metro	<input type="checkbox"/> LRT <input type="checkbox"/> Metro	<input type="checkbox"/> LRT <input type="checkbox"/> Metro
Location of project (city and country)				
Description of project				
Experience as Lead Contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Commencement of Operation Services [MM/YYYY]				
Number of consecutive years of Operation since Commencement Date as indicated above				
Routes consisting of Twin Track or greater	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Length of Service Line Route (km)				
Operated project included:	<input type="checkbox"/> at least 15 km of Routes in aggregate <input type="checkbox"/> at least 20 Stops in aggregate <input type="checkbox"/> number of	<input type="checkbox"/> at least 15 km of Routes in aggregate <input type="checkbox"/> at least 20 Stops in aggregate <input type="checkbox"/> number of	<input type="checkbox"/> at least 15 km of Routes in aggregate <input type="checkbox"/> at least 20 Stops in aggregate <input type="checkbox"/> number of	<input type="checkbox"/> at least 15 km of Routes in aggregate <input type="checkbox"/> at least 20 Stops in aggregate <input type="checkbox"/> number of

	Vehicles: _____ <input type="checkbox"/> LOSD operation at At-Grade (not exclusively at Depot) <input type="checkbox"/> Ridership for each 12-month period: _____	Vehicles: _____ <input type="checkbox"/> LOSD operation at At-Grade (not exclusively at Depot) <input type="checkbox"/> Ridership for each 12-month period: _____	Vehicles: _____ <input type="checkbox"/> LOSD operation at At-Grade (not exclusively at Depot) <input type="checkbox"/> Ridership for each 12-month period: _____	Vehicles: _____ <input type="checkbox"/> LOSD operation at At-Grade (not exclusively at Depot) <input type="checkbox"/> Ridership for each 12-month period: _____
Client Details and Contact Person Information				
Executed by Supporting Entity [refer to Pre-Qualification Form "17"]	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No

_____ Date

_____ Stamp and Signature

I, _____, the undersigned, hereby confirm that on _____ [date], _____ [name], Israeli I.D. number / _____ [country] Passport number _____, who is authorized to sign on behalf of _____, and to commit it for purposes of the above stated Pre-Qualification Form, for all purposes and intents, appeared before me, and after being cautioned that he/she is required to state the truth, and that if he/she fails to do so he/she shall be liable to the punishments prescribed by Law, signed this statement in my presence.

Name: _____

Stamp and Signature: _____

Date: _____

Attorney-at-Law