PREQUALIFICATION STATEMENT

Wisconsin Department of Transportation

DT1621 5/2019

\* Before beginning this prequalification process, you must have completed an online registration for your firm: <https://wisdot.ecomply.us>. This is an annual registration requirement.

**Submitted By**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete Contractor Legal Name | | | WI Vendor ID Number \* | |
| Street Address | | | | |
| Post Office Box | | | | |
| City | | | State | ZIP Code |
| (Area Code) Telephone Number | Date Submitted (m/d/yyyy) | Email Address | | |
| (Area Code) FAX Number | Fiscal Year End Date | Federal Employer Identification Number (FEIN) | | |

|  |  |
| --- | --- |
|  | |
| **Mailing/Shipping Address** | |
|  | |
| Wisconsin Department of Transportation  Bureau of Project Development  4822 Madison Yards Way, Rm. S437  Madison, WI 53705 | |

Note: If this form covers a joint venture, an affidavit shall be executed by each party to such venture or the affidavit for partnership shall be executed by all parties, with the signatures of proper officers, seals, etc., as required.

**AFFIDAVIT FOR INDIVIDUAL**

|  |  |  |  |
| --- | --- | --- | --- |
| State of |  | County of |  |
|  | | | |

being duly sworn, deposes and says: that the statement of experience and all statements are true and correct and the financial statement, taken from his/her books, is a true and accurate statement of his/her financial condition as of the date given, and that the answer to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatory further agrees to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date

(Applicant Signature)

(Notary Public Signature and Seal)

(Date Commission Expires)

**AFFIDAVIT FOR PARTNERSHIP**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| State of |  | | County of |  | |
|  | | | | | being duly sworn, depose and say: |
| that they are members of the firm of | |  | | | |

that the statement of experience and all statements are true and correct and that they are familiar with the books of this firm showing its financial condition; that the financial statement, taken from the books of this firm, is a true and accurate statement of the financial condition of this firm as of the date given, and that the answers to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatories further agree to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date

(All Partners Must Sign)

(Notary Public Signature and Seal)

(Date Commission Expires)

**AFFIDAVIT FOR LIMITED LIABILITY PARTNERSHIP**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| State of |  | | County of |  | |
|  | | | | | being duly sworn, depose and say: |
| that they are members of the firm of | |  | | | |

that the statement of experience and all statements are true and correct and that they are familiar with the book of this firm showing its financial condition; that the financial statement, taken from the books of this firm, is a true and accurate statement of the financial condition of this firm as of the date given, and that the answers to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatories further agree to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date

(All Partners Must Sign)

(Notary Public Signature and Seal)

(Date Commission Expires)

|  |
| --- |
| If a corporation, the full corporate legal name must be used, the execution must be by the president and secretary, and the **corporate seal affixed.  If the corporation does not have a seal, please check the box shown above.** Certified copy of action of board of directors authorizing such officers to execute the affidavit on behalf of the corporation may be required, and will be required, if not executed by the above-named officers. |

**AFFIDAVIT FOR LIMITED LIABILITY COMPANY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| State of |  | | County of |  | |
|  | | | | | being duly sworn, depose and say: |
| that he/she is President of | |  | | | |

the company described in and which executed this statement: that the statement of experience and all statements are true and correct and the signatory is familiar with the books of this company showing its financial condition; that the financial statement, taken from the books of this company, is a true and accurate statement of the financial condition of this company as of the date given, and that the answers to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatories further agree to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date

(President)

(Notary Public Signature and Seal)

(Date Commission Expires)

**AFFIDAVIT FOR CORPORATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| State of |  | | County of |  | |
|  | | | | | being duly sworn, depose and say: |
| that they are the President and Secretary of the | |  | | | |

the corporation described in and which executed this statement; that the statement of experience and all statements are true and correct and that they are familiar with the books of this corporation showing its financial condition of this corporation as of the date given, and that the ans2wers to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatories further agree to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date

(President Signature)

(Notary Public Signature and Seal) (Secretary Signature)

CORPORATE SEAL or  Check box if no seal

(Date Commission Expires)

|  |  |
| --- | --- |
| Corporate Officers and Directors ***(Please complete)*** | |
|  |  |
| **Name** | **Title** |

|  |  |
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**CONTRACTOR BALANCE SHEET**

Fiscal Year End Condition

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | |  | | | | | (Date) | | | | | |  | |  |
|  | | | |  | | | | | | ASSETS | | |  | | | |  |
| Current Assets | | | |  | | | | | |  | | |  | | | |  |
|  | Cash | | |  | | |  | | | | | | |  | |  | |
|  | Investments | | |  | | |  | | | | | | |  | |  | |
|  | Notes Receivable | | | | | |  | | | | | | |  | |  | |
|  | | Less Doubtful Accounts | | | | |  | | | | | | |  | |  | |
|  | | | Net Notes Receivable | | | |  |  | | | |  | |  | |  | |
|  | Accounts Receivable | | | | | |  | | | | | | |  | |  | |
|  | | Less Doubtful Accounts | | | | |  | | | | | | |  | |  | |
|  | | | Net Accounts Receivable | | | |  |  | | | |  | |  | |  | |
|  | Deposits with Bids or Guarantees | | | | | | | | | | |  | |  | |  | |
|  | Costs and Estimated Earnings in Excess | | | | | | | | | | |  | |  | |  | |
|  | | Of Billings on Uncompleted Contracts | | | | | | | | | |  | |  | |  | |
|  | Inventory | | | | | | | | | | |  | |  | |  | |
|  | Prepaid Expense | | | | | | | | | | |  | |  | |  | |
|  |  | | | | | | | | | |  | | |  | |  | |
|  |  | | | | | | | | | |  | | |  | |  | |
|  |  | | | | TOTAL Current Assets | | | | | | | | |  | |  | |
|  |  | | | | | | | | | | | | |  | |  | |
| Long-Term Investments | | | | | | |  | | | | | | |  | |  | |
| Life Insurance Cash Surrender Value | | | | | | | | | | | |  | |  | |  | |
| Long-Term Notes Receivable | | | | | | | | | | | |  | |  | |  | |
| Property, Plant, and Equipment at Cost | | | | | | | | | | | | | |  | |  | |
|  | Land | | | | | |  | | | | | | |  | |  | |
|  | Building | | | | | |  | | | | | | |  | |  | |
|  | Equipment | | | | | |  | | | | | | |  | |  | |
|  |  | | | | |  |  | | | | | | |  | |  | |
|  |  | | Subtotal | | | |  | | | | | | |  | |  | |
|  | Less accumulated depreciation | | | | | |  | | | | | | |  | |  | |
|  |  | | Net Property, Plant, and Equipment | | | | | | | | | | |  | |  | |
| Organization Expenses | | | | | | |  | | | | | | |  | |  | |
| Goodwill | | | | | | |  | | | | | | |  | |  | |
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|  | | | | | | | | | | |  | | |  | |  | |
|  | | |  | | TOTAL Assets | | | | | | | | |  | |  | |
| The accompanying notes are an integral part of this financial statement. | | | | | | | | | | | | | |  | |  | |

**CONTRACTOR BALANCE SHEET**

LIABILITIES

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current Liabilities | | |  | | | |  | |  | | |  |
|  | Notes Payable | |  | |  | | | | |  |  | |
|  | Accounts Payable | | | |  | | | | |  |  | |
|  | Accrued Salaries and Wages | | | |  | | | | |  |  | |
|  | Accrued Income Taxes | | | |  |  | |  | |  |  | |
|  | Accrued and Other Liabilities | | | |  |  | |  | |  |  | |
|  | Billings in Excess of Estimated | | | |  |  | |  | |  |  | |
|  | | Earnings on Uncompleted Contracts | | | | | |  | |  |  | |
|  | Deferred Income Taxes | | | |  | | | | |  |  | |
|  |  | | | | | | |  | |  |  | |
|  |  | | | | | | |  | |  |  | |
|  |  | | | TOTAL Current Liabilities | | | | | |  |  | |
|  |  | | | | | | | | |  |  | |
| Notes Payable | | | | |  | | | | |  |  | |
| Deferred Income Taxes | | | | |  | | |  | |  |  | |
|  | | | | | | | |  | |  |  | |
|  | | | | | | | |  | |  |  | |
|  |  | | | TOTAL Liabilities | | | | | |  |  | |

# STOCKHOLDER (OWNER) EQUITY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Individual or Partnership Capital | | | | |  |  |  |
| Capital Stock | | | | |  |  |  |
|  | Preferred Stock | | |  | |  |  |
|  | Common Stock | | |  | |  |  |
|  |  | TOTAL Capital Stock | |  | |  |  |
| Additional Paid-In Capital | | | |  | |  |  |
| Retained Earnings | | | |  | |  |  |
| Less Treasury Stock | | | |  | |  |  |
|  | | | | |  |  |  |
|  | | | | |  |  |  |
|  | |  | TOTAL Stockholder Equity | | |  |  |
|  | |  | TOTAL Liabilities and Stockholder Equity | | |  |  |
| The accompanying notes are an integral part of this financial statement. | | | | | |  |  |

Insert notes to the balance sheet in place of this page.

## Audited or reviewed financial statements must include adequate disclosure required under generally accepted accounting principles.

**SUPPORTING SCHEDULES TO CONTRACTOR BALANCE SHEET**

1. Investments

Itemize investments in affiliate companies, organizations, partnerships, joint ventures, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **ORGANIZATION NAME** | **OWNERSHIP PERCENTAGE** | **FISCAL YEAR END** | **INVESTMENT**  **BOOK VALUE** |

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2. Property, Plant, and Equipment

(a) Itemize property, plant, and equipment.

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **COST** | **ACCUMULATED**  **DEPRECIATION** | **NET BOOK VALUE** |
| Land |  |  |  |
| Building (Other than Residence) |  |  |  |
| Residence |  |  |  |
| Construction Equipment |  |  |  |
| Trucks and Automobiles |  |  |  |
| Other Equipment (Plant, Shop, and Office) |  |  |  |
| Furniture and Fixtures |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTALS\* |  |  |  |

\* Note: If totals do not agree with the balance sheet, attach a reconciliation and explanation.

(b) Itemize land - all quarries, gravel pits, etc.

|  |  |  |
| --- | --- | --- |
| DESCRIPTION | **LOCATION** | **NET BOOK VALUE** |

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**SUPPORTING SCHEDULES TO CONTRACTOR BALANCE SHEET**

2. Property, Plant, and Equipment (continued)

(c) Itemize major construction equipment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QUANTITY** | **ITEM NAME, DESCRIPTION, AND CAPACITY** | **NEW/USED** | **YEARS**  **OWNED** | **PURCHASE PRICE** | **NET BOOK VALUE** |

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| --- | --- | --- | --- | --- | --- |
|  | Subtotal of Other Items |  |  |  |  |
|  | TOTAL CONSTRUCTION EQUIPMENT |  |  |  |  |

Attach additional sheets if necessary.

**SUPPORTING SCHEDULES TO CONTRACTOR BALANCE SHEET**

2. Property, Plant, and Equipment (continued)

(d) Itemize plant and equipment held under an operating lease or rental contract.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUANTITY** | **ITEM NAME, DESCRIPTION, AND CAPACITY** | **ITEM AGE** | **LESSOR** | **COST** |

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Attach additional sheets if necessary.

**SUPPORTING SCHEDULES TO CONTRACTOR BALANCE SHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 3. Individual or Partnership Capital | | | | | | |
|  | | | | | | |
|  | (a) Organization Date |  | |  | | |
|  | | | | | | |
|  | (b) Is the partnership association | | General | | Limited |  |
|  | | | | | | |
|  | (c) Summarize the equity transactions for the past year for each partner. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Names of Partners** |  |  |  |  | **TOTALS** |
| Balance, Beginning of Year |  |  |  |  |  |
| Additions |  |  |  |  |  |
| Capital Contributions |  |  |  |  |  |
| Net Earnings |  |  |  |  |  |
|  |  |  |  |  |  |
| Deductions |  |  |  |  |  |
| Withdrawals |  |  |  |  |  |
| Net Loss |  |  |  |  |  |
|  |  |  |  |  |  |
| Balance, End of Year |  |  |  |  |  |

Attach additional sheets if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. Retained Earnings | | | |  |
|  | | | |  |
| Summarize the transactions for the past year. | | | |  | |
|  |  |  | |  | |
| **Balance, Beginning of Year** |  | |  | |
| Net Income (Loss) |  | |  | |
| Dividends Paid |  | |  | |
| Treasury Stock |  | |  | |
|  |  | |  | |
|  |  | |  | |
| Balance, End of Year |  | |  | |

**SAMPLE**

**This report must be submitted on accountant’s letterhead.**

**INDEPENDENT AUDITOR’S REPORT**

I (We) have audited the accompanying contractor’s balance sheet, reflected on pages 4 and 5 of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The financial statement is the responsibility of the company’s management. My (Our) responsibility is to express an opinion on the financial statement based on my (our) audit.

I (We) conducted my (our) audit in accordance with generally accepted auditing standards. Those standards require that I (we) plan and perform the audit to obtain reasonable assurance about whether the balance sheet is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statement. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I (We) believe that my (our) audit of the balance sheet provides a reasonable basis for my (our) opinion.

In my (our) opinion, the accompanying contractor’s balance sheet presents fairly, in all material respects, the financial position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in conformity with generally accepted accounting principles.

My (Our) audit was made for the purpose of forming an opinion on the basic financial statement taken as a whole. The accompanying supplemental information, reflected on pages 7 through 10 and 13 through 16, is presented for purposes of additional analysis and is not a required part of the basic financial statement. The information on pages 7 through 10 has been subjected to the auditing procedures applied in the audit of the basic financial statement and, in my (our) opinion, is presented fairly in all material respects in relation to the basic financial statement taken as a whole. The information on pages 13 through 16, which is of a nonaccounting nature, has not been subjected to the auditing procedures applied in the audit of the basic financial statement, and I (we) express no opinion on it.

Address

(Date)

(Certified Public Accountant Signature)

(Type or Print Firm Name)

**SAMPLE**

**This report must be submitted on accountant’s letterhead.**

**ACCOUNTANT’S REVIEW REPORT**

I (We) have reviewed the accompanying contractor’s balance sheet, reflected on pages 4 and 5 of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in accordance with Statements on Standards for Accounting and Review Services issued by the American institute of Certified Public Accountants. All information included on the balance sheet is the representation of the management of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, I (we) do not express such an opinion.

Based on my (our) review, I am (we are) not aware of any material modifications that should be made to the accompanying balance sheet in order for it to be in conformity with generally accepted accounting principles.

My (our) review was made for the purpose of expressing limited assurance that there are not material modifications that should be made to the financial statements in order for them to be in conformity with generally accepted accounting principles. The information included on pages 7 through 10 and 13 through 16 is presented only for supplementary analysis purposes. The information on pages 7 through 10 has been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements and I am not aware of any material modifications that should be made thereto. The information on pages 13 through 16, which is of a nonaccounting nature, has not been subjected to the inquire and analytical procedures applied in the review of the basic financial statement but was compiled without audit or review from information that is the representation of management. Accordingly, I (we) do not express an opinion or any other form of assurance on such information.

Address

(Date)

(Certified Public Accountant Signature)

(Type or Print Firm Name)

**CONTRACTOR STATEMENT OF EXPERIENCE**

|  |  |
| --- | --- |
| Contractor Name | Corporation  Partnership  Individual  Limited Liability Co.  Limited Liability  Partnership |
| Principal Office Address |
| City, State, ZIP Code |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | (a) | How many years have you been in business as a contractor under your present business name? | | | | |  |
|  | (b) | Give previous business name, if changed during past 3 years. | |  | | | |
| 2. | If corporation, when incorporated | |  | In what state | |  | |
| 3. | In what type of construction work has your organization had experience? | | | |  | | |
|  | (a) | How many years experience as a principal contractor? | | |  | | |
|  | (b) | How many years experience as a subcontractor? | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO |  |  |
|  |  | 4. | Have you ever failed to complete any work awarded to you? If so, explain: |
|  |  |  | Has any officer, member, or partner of organization ever been an officer, member, or partner in an organization that failed to complete any work awarded to it? If so, state detail, naming the officers or persons, organizations and reasons for such failures. Also provide the names of the sureties. |
|  |  | 5. | Does your organization or any of its officers, directors or partners have a financial interest in any other company, organization, joint venture, etc., filing a prequalification statement with the department? If the answer is “Yes”, list the organizations and the nature of the affiliation. |

6. What is the construction experience of the principal individuals of your organizations?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INDIVIDUAL NAME | PRESENT POSITION/OFFICE | YEARS OF EXPERIENCE | WORK TYPE AND MAGNITUDE | IN WHAT CAPACITY |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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7. For whom have you performed work, and to whom do you refer? Give complete names, titles and addresses   
of all references.

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8. List below construction work performed by you within the past 3 or more years or other experiences related to construction work that would tend to substantiate the assignment of the ratings desired. Please be specific.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR** | **WORK TYPE** | **CAPACITY (PRIME/SUB)** | **OWNER CONTACT** | **CONTRACT AMOUNT** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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Attach additional sheets as may be required to develop fully the experience of the applicant.

9. Ratings Desired - The several types of work for which ratings may be assigned are listed below. For each type of work for which a rating is desired the applicant shall indicate the maximum amount of work of that type which he/she believes he/she can prosecute concurrently. The amount of “Rating Desired” shall be shown in dollars. Statements such as “Maximum” are valueless and not acceptable.

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| A. General Construction |  |
| B. Grading |  |
| C. Concrete Pavement |  |
| D. Asphalt Pavement |  |
| E. Gravel or Crushed Stone |  |
| F. Structures |  |
| G. Rail Construction or Rehabilitation |  |
| H. Bridge Painting |  |
| I. Street or Airport Lighting |  |
| J. Building Construction |  |
| K. Incidental Construction |  |
| Maximum |  |

The maximum is the amount of work of all types, including nonhighway work, which your organization would be willing to undertake or have underway concurrently. Please be sure that you enter a maximum.

10. List states in which you are qualified and give maximum capacity rating.

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| **STATE** | **CAPACITY RATING AMOUNT** |

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| 11. | Bonds furnished during last 3 years: | |
| (a) | Largest individual bond furnished |  |
| (b) | Largest amount for which bonded at any time |  |
| (c) | List bonding companies used. | |

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| 12. | (a) | What is the amount of your borrowing capacity? | |  | |
|  | (b) | What is your current effective interest rate on loans? | |  | |
|  | (c) | List borrowing during past 3 years. | | | |
| **BANK/LENDING INSTITUTION NAME** | | | **MAXIMUM AMOUNT BORROWED AT ANY ONE TIME DURING PAST 3 YEARS** | | **NATURE OF COLLATERAL FURNISHED** |

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| **YES** | **NO** |  | Furnishing the information requested by this item is optional. | | |
|  |  | 13. | Has or will any financial institution extend you a line of credit? If yes, complete the following: | | |
| **BANK/LENDING INSTITUTION NAME** | | | | **CREDIT LINE AMOUNT** |

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| **YES** | **NO** |  |  |
|  |  | 14. | Do you contemplate any change in your capital structure or any substantial increase or decrease in equity capital? If so, explain. |

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