

INSTRUCTIONS FOR COMPLETING THE OREGON DEPARTMENT OF TRANSPORTATION PRIME CONTRACTOR PREQUALIFICATION APPLICATION

To be eligible to bid, an application must be **completed in its entirety and received at least 10 days** prior to your first anticipated bid opening date. Allow 30 days for processing.

Forms and instructions are available online at: <http://cms.oregon.egov.com/ODOT/CS/CONSTRUCTION/Pages/Prequalifications.aspx>

BEFORE MOVING ON TO THE APPLICATION, PLEASE PRINT THE INSTRUCTION PAGE AND USE WHEN FILLING OUT YOUR APPLICATION TO ENSURE ACCURATE COMPLETION.

GENERAL INFORMATION

- **All pages and sections must be completed and correct.** If not, the application and filing fee will be returned by mail to the applicant for correction.
- **Do not use correction fluid or correction tape.**
- If accepted, an approval letter will be sent.
- **Submit the correct form. Outdated forms or pages will not be accepted. Go to the Construction website to find the CURRENT form.**
- Send an original signed application. Copied or faxed signatures will not be accepted.
- Prequalification is required for **prime contractors**. Subcontractors/suppliers do not need to prequalify.
- To make changes to an application, see website for instructions.
- **If a section does not apply, enter "n/a."**

Page 1

- Enter today's date. ODOT will notify you of your expiration date in your prequalification approval letter.
- Application of:** Enter the **legal name** under which you wish to bid as it appears on your federal form W-9 (Request for Taxpayer Identification Number and Certification). An assumed business name (complete **Section 6**) is not a legal name; however, it can be used in conjunction with a legal name when prefaced by "dba." A separate Prequalification Application is required for each separate legal entity.
- Mark your business structure.
- If application is for a joint venture, mark the appropriate box. Contact ODOT for additional information.
- Mark the purpose(s) of your application and the first anticipated bid opening date, if known.
- Provide your physical address for courier use. Provide your mailing address, phone, fax number, business email address and a contact person. Provide contact information for person completing application. Also provide contact information for the name to appear on Planholders list.

Pages 2-6

Sections 1, 2, 3, 4, 5 and 6, as applicable, Business Structure: If you have an assumed business name you must complete Section 6. If you make a change in officers during the year, you must submit an addendum change form to ODOT. See our website for instructions on how to make changes.

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Section 9, Supplemental Questions:

All questions apply to the company AND to its owners, officers, partners and principal individuals.

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Section 10, Classes of Work: Check beside each class of work for which you have demonstrated the experience in Sections 11 and 12. This experience may be your own work force or through project management of subcontractors. List all other states where you are currently qualified or have been qualified in the last three (3) years.

You may list "OTHER" (OTH1) classes of work; however, ODOT does not normally solicit bids under this class. This class of work is typically used by Local Agencies (Cities, Counties, etc.)

Pages 10 – 15

Section 11, ODOT Experience:

List all ODOT projects substantially completed (second notification issued) in the past year as a prime or subcontractor, up to twenty (20). Failure to list ALL ODOT projects could be grounds for denial. Attachments are acceptable, if all required information is included. Indicate "See Attachment." For classes of work you are currently prequalified in, submit only work you have completed in the last year. Attach additional sheets, if needed.

Section 12, Other Experience: If your company is currently prequalified in a work class, you need not resubmit earlier experience. If you are applying for a class of work you are NOT currently prequalified in, submit at least three (3) projects to demonstrate experience in that class of work.

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Section 15: Space for you to provide additional information.

Page 17

Section 16, Affidavit: Signature must be of an individual who is authorized to execute bids and/or contracts.

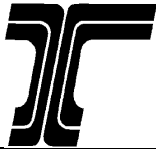
The affidavit must be notarized.

Mail Application with \$100 check made out to ODOT to:

Oregon Department of Transportation
ODOT Procurement Office – Construction Contracts Unit
455 Airport Rd. SE Bldg. K
Salem, OR 97301-5348

Questions? Call 503-986-2710

KEEP THIS AS YOUR RECEIPT
CHECK # _____
DATE SENT _____



OREGON DEPARTMENT OF TRANSPORTATION
**PRIME CONTRACTOR
 PREQUALIFICATION APPLICATION**

Submit application and make check payable to:

Oregon Department of Transportation
 ODOT Procurement Office – Construction Contracts Unit
 455 Airport Road SE, Bldg K, Salem OR 97301-5348
 Phone: 503-986-2710
 Website: www.oregon.gov/ODOT/CS/CONSTRUCTION

Filing Fee \$100

FSB Date

Initials

A. Date: _____ **Expiration Date:** _____
Enter today's date To be completed by ODOT

B. Application of _____
Legal Business Name (as shown on your federal form W-9)

Assumed Business Name(s) (Complete Section 6)

List previous business names of your organization: _____

C. Business Structure (Check one):

- Oregon Corporation
- General Partnership
- Foreign Corporation
- Limited Liability Company (LLC)
- Limited Liability Partnership (LLP)
- Limited Partnership (LP)
- Individual Sole Proprietorship

D. **Joint Venture**

E. Purpose of Application (Check all that apply):

- ODOT Projects**
 1st anticipated bid opening date _____
- Local Government Projects**
 1st anticipated bid opening date _____
- Other Government Projects**
 1st anticipated bid opening date _____

F. Address:

Physical address, city, state, zip (for courier use)			
Mailing address, city, state, zip			
Phone		Fax	

PERSON COMPLETING APPLICATION:

Name		Phone	
Email		Fax	

PERSON TO APPEAR ON PLANHOLDERS LIST:

Name		Phone	
Email		Fax	

FOR OFFICE USE ONLY:

RECEIPT DATE #1	RECEIPT DATE #2	RECEIPT DATE #3	RECEIPT DATE #4
SOS _____ / CCB _____ / CCB _____ / BOLI _____ / Fed EPL _____			
APPROVAL/LAST RECPT DATE / INIT _____		ADD #1 DATE _____ / INIT _____ DESC: _____	
REVIEW DATE / INIT _____		ADD #2 DATE _____ / INIT _____ DESC: _____	
ELIGIBILITY DATE _____		CHECK SENT TO FSB: DATE _____ / INIT _____	
VENDOR NO. _____			
DATA ENTRY DATE / INIT _____			

BUSINESS STRUCTURE: Complete section 1, 2, 3, 4, or 5 as applies

1 If an Oregon corporation, complete this section	<input type="checkbox"/> NA
Date Corporation was registered with Secretary of State _____	
President _____	Secretary _____
1st Vice President _____	Treasurer _____

<u>CONTRACT EXECUTION - List of Authorized Personnel</u>	
A) President and Secretary (Both President and the Secretary of the corporation are required to sign ODOT contracts and performance and payment bonds unless certified, true and correct copy of corporate bylaws or minutes state otherwise and are attached to this prequalification.)	
Printed name of President _____	Signature _____
Printed name of Secretary _____	Signature _____
B) Are other officers besides the President and Secretary of your company authorized to execute contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below and attach certified, true and correct copy of corporate bylaws or minutes stating that authority.	
Printed name and title _____	Signature _____
Printed name and title _____	Signature _____
Printed name and title _____	Signature _____
Printed name and title _____	Signature _____
C) Are any of the officers (listed above in A & B) authorized to sign and execute contracts and bonds on behalf of the company without the signature of others? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, YOU MUST ATTACH CORPORATE BYLAWS OR MINUTES STATING THIS AUTHORITY TO SIGN ALONE ON BEHALF OF THE CORPORATION IN THE CORPORATE BYLAWS OR MINUTES.	

<u>BID EXECUTION - List of Authorized Personnel</u>	
Signatures of all individuals (INCLUDING ANY OFFICERS LISTED ABOVE) authorized to execute Bids on behalf of the company shall be listed in this section, including any officers listed above and those individuals with digital signatures used for electronic bidding.	
Printed name and title _____	Signature _____
Printed name and title _____	Signature _____
Printed name and title _____	Signature _____
Printed name and title _____	Signature _____

(Additional documentation may be required by the public contracting agency)

2 If a general partnership, complete this section

NA

Date of Organization _____

If a foreign (out of state) co-partnership or persons engaging in business in the state under an assumed name, but not domiciled within this state, is the partnership or business organization registered as required in compliance with Chapter 648, Oregon Revised Statutes? Yes No N/A

Names and addresses of partners:

If the Contractor is a partnership or limited liability partnership, an authorized representative of **each** Entity comprising it shall sign the Contract, Performance Bond, and Payment Bond, and an authorization to sign shall be attached. **If only one partner is signing, then bylaws or minutes must include the authority to sign without the signature of others.**

Printed names, titles and signatures of partners authorized to **EXECUTE CONTRACTS**

Printed name of partner Signature

Printed name of partner Signature

Bylaws or Minutes Submitted: (Check one) Yes No (Only submit if signatures differ from above)

Printed names, titles and **signatures** of personnel authorized to **EXECUTE BIDS**

Signatures of all individuals **(INCLUDING ANY OFFICERS LISTED ABOVE)** authorized to execute **Bids** on behalf of the company shall be listed in this section, including any officers listed above and those individuals with digital signatures used for electronic bidding.

Printed name and title Signature

Printed name and title Signature

Printed name and title Signature

Printed name and title Signature

(Additional documentation may be required by the public contracting agency)

3 If a foreign (out of state) corporation, complete this section

NA

When incorporated _____

President _____ Secretary _____

1st Vice President _____ Treasurer _____

CONTRACT EXECUTION - List of Authorized Personnel

A) President and Secretary (**Both** President **and** the Secretary of the corporation are **required** to sign ODOT contracts and performance and payment bonds unless certified, true and correct copy of corporate bylaws or minutes state otherwise and **are attached to this prequalification.**)

Printed name of President _____

Signature _____

Printed name of Secretary _____

Signature _____

B) Are other officers besides the President and Secretary of your company authorized to execute contracts?
 Yes No **If yes, list below and attach certified, true and correct copy of corporate bylaws or minutes stating that authority.**

Printed name and title _____

Signature _____

Printed name and title _____

Signature _____

Printed name and title _____

Signature _____

Printed name and title _____

Signature _____

C) Are any of the officers (listed above in A and B) authorized to sign and execute contracts and bonds on **behalf of the company without the signature of others?** Yes No

IF YES, YOU MUST ATTACH CORPORATE BYLAWS OR MINUTES STATING THIS AUTHORITY TO SIGN ALONE ON BEHALF OF THE CORPORATION IN THE CORPORATE BYLAWS OR MINUTES.

BID EXECUTION - List of Authorized Personnel

Signatures of all individuals (**INCLUDING ANY OFFICERS LISTED ABOVE**) authorized to execute **Bids** on behalf of the company shall be listed in this section, including any officers listed above and those individuals with digital signatures used for electronic bidding.

Printed name and title _____

Signature _____

Printed name and title _____

Signature _____

Printed name and title _____

Signature _____

Name and address of registered agent in Oregon:

Date of authorization by Oregon Secretary of State to transact business in Oregon:

Has applicant filed with Oregon Department of Revenue (DOR) forms required by ORS 279A.120? Yes No

Sec. of State
Phone: 503-986-2200

Department of Revenue
Phone: 503-378-4988

Website: www.filinginoregon.com

Website: www.oregon.gov/DOR

(Additional documentation may be required by the public contracting agency)

4 If a limited liability company, limited liability partnership or a limited partnership complete this section NA

Check One: Limited liability company Limited liability partnership Limited partnership

Have you registered with the Oregon Secretary of State, Corporation Division, Business Registry?
 Yes No

Name and address of organizer:

SUBMIT ARTICLES OF ORGANIZATION AND OPERATING AGREEMENTS THAT INDICATE THE AUTHORITY TO SIGN CONTRACTS AND BONDS. If the Contractor is an LLP, or LP, an authorized representative of **each** Entity comprising it shall sign the Contract, Performance Bond, and Payment Bond. **If any representative is authorized to execute contracts without the signature of others, this must be stated in the Articles of Organization and Operating Agreements.**

Printed names, titles and signatures of personnel authorized to **EXECUTE CONTRACTS**:

Printed name and title _____ Signature _____

Printed name and title _____ Signature _____

Are other representatives besides those listed above able to execute contracts? Yes No
If yes, submit names, titles and signatures separately.

Printed names, titles and signatures of personnel authorized to **EXECUTE BIDS**
 Signatures of all individuals **(INCLUDING ANY OFFICERS LISTED ABOVE)** authorized to execute **Bids** on behalf of the company shall be listed in this section, including those individuals with digital signatures used for electronic bidding.

Printed name and title _____ Signature _____

Printed name and title _____ Signature _____

Printed name and title _____ Signature _____

Printed name and title _____ Signature _____

Printed name and title _____ Signature _____

5 If doing business as a sole proprietorship, complete this section NA

Name of individual liable for all obligations of the business: _____

If applicant is a sole proprietor using an assumed business name, please list name below:

Secretary of State registration date: _____ Expiration date: _____

Printed name and title _____ Signature _____

(Additional documentation may be required by the public contracting agency)

6 If doing business under an assumed business name, complete this section

NA

Assumed business name: _____

Owner's name and address: _____

Oregon Secretary of State Corporation Division's Registration
Number: (www.filinginoregon.com/bizreg/index.htm)

Renewal
Date:

Assumed business name: _____

Owner's name and address: _____

Oregon Secretary of State Corporation Division's Registration
Number: (www.filinginoregon.com/bizreg/index.htm)

Renewal
Date:

If you have additional assumed business names, attach a sheet with business information.

7 OWNERSHIP AND CONTROL (A, B, and C)

A) In the space below, list any parent company or corporation, or individuals with at least 10% ownership interest in applicant's firm. If none, write N/A in the space below.

B) In the space below, list any subsidiary company or corporation owned or controlled by the applicant doing business in Oregon under another name. For the purposes of this information, the applicant includes the applicant's officers, directors, or partners, or other entity in which the applicant is an officer, director, or partner. If none, write N/A in space below.

C) Are there any other personnel in applicant's organization who have a financial interest in or serve as officers or partners in another firm prequalified to bid in this or another state?

Yes No If yes, please list below in space provided. If no, write NA in space below.

Individual's Name	Present Position or Office	Other Firm or Firms	Position in Other Firm(s)	State of Other Firm(s)

8 LICENSES AND REGISTRATIONS

Oregon Secretary of State Corporation Division – Active Business Registry No.

http://www.filinginoregon.com/pages/business_registry/index.html

Phone: 503-986-2200

THIS IS A NEW REGISTRY NUMBER

Required for Legal Business Name, Assumed Business Name (page 1, Section B), Corporations, LLCs, LLPs, and LPs. Required prior to contract execution.

Oregon Construction Contractors Board No.

www.ccb.state.or.us

Phone: 503-378-4621

Required prior to bid opening for state-funded projects or prior to contract execution for federally-funded projects (not required for Aggregate Production or Landscaping work categories).

Oregon Business Landscape Contractors

License No. and company name:

Individual Landscape Contractor License No. and name:

www.lcb.state.or.us

Phone: 503-986-6561

Oregon Electrical Contractor License No. and company name:

Supervisor's License No. and name :

<http://www.cbs.state.or.us/external/bcd/>

Building Codes Division phone: 503-378-4133

Oregon Plumbing Business License No. and company name:

Journeyman's License No. and name:

Oregon Boiler/Pressure Vessel Business License No. and company name:

<http://www.cbs.state.or.us/external/bcd/>

Building Codes Division phone: 503-378-4133

Other License No. and name or type:

9 SUPPLEMENTAL QUESTIONS

- A) Within the last five years has the applicant, or any parent, subsidiary or affiliate, been denied prequalification or had prequalification suspended or revoked by any state, local or federal agency in this or any other state?
 Yes No **If yes, please attach an explanation.**
- B) Within the last five years has the applicant, or any parent, subsidiary or affiliate, been debarred from bidding on contracts by any state, local or federal agency in this or any other state under any state or federal law?
 Yes No **If yes, please attach an explanation.**
- C) Has any officer or partner of the applicant, or of any parent, subsidiary or affiliate, ever applied for prequalification with ODOT under a different name?
 Yes No **If yes, please attach an explanation.**
- D) Within the last five years has the applicant, or any parent, subsidiary or affiliate, failed to complete a state, local or federal public improvement (works) contract?
 Yes No **If yes, please attach an explanation.**
- E) Within the last five years has any officer or partner of the applicant, or of any parent, subsidiary or affiliate, been found in breach of a local, state or federal contract?
 Yes No **If yes, please attach an explanation.**
- F) Within the last five years has the applicant, or any officer, partner, agent or employee of applicant, or any parent, subsidiary or affiliate, been found to have violated any state or federal prevailing wage statute or regulation (including the federal Davis-Bacon and related Acts and ORS 279C.800 et. seq.), or any provision requiring prompt payment to subcontractors, in any Final Order of the Oregon Bureau of Labor and Industries or the United States Department of Labor, by any other state or federal agency, or by any court of competent jurisdiction?
 Yes No

If yes, provide copies of the final order(s) or judgment in which this occurred and explain **in detail**:

- (a) the circumstances behind any violation, including the amount(s) not paid
- (b) whether the amount(s) have now been paid
- (c) the reasons for the violation
- (d) all efforts undertaken to ensure that future violations will not occur

- G) Within the last five years has the applicant, or any officer, partner, agent or employee of applicant been found to have violated any state or federal environmental statute or regulation (including but not limited to Environmental Protection Agency, Department of Environmental Quality, US Fish and Wildlife Service, Department of Fish and Wildlife, US Army Corps of Engineers, Division of State Lands, Department of Agriculture or Department of Interior), or any permit issued by one of these agencies, in any agency Final Order or by any court of competent jurisdiction?
 Yes No

If yes, provide copies of the final order(s) or judgment in which this occurred and explain **in detail**:

- (a) the circumstances behind any violation, including the amount(s) not paid
- (b) whether the amount(s) have now been paid
- (c) the reasons for the violation
- (d) all efforts undertaken to ensure that future violations will not occur

10 CLASSES OF WORK

Fill in the classes of work on which you wish to be pre-qualified to bid. Classes of work include, but are not limited to, work listed in parentheses. If more space is required, attach additional sheets.

For Each Class of Work:

Check beside each Class of Work for which you have demonstrated experience in Section 11 or Section 12. This may be with your own work force or through project management of subcontractors.

List all other states where applicant is currently qualified to perform work or has been qualified within the last three (3) years.

Class of Work	States qualified within the last (3) years
<input type="checkbox"/> (AB) Aggregate Bases	_____
<input type="checkbox"/> (ACP) Asphalt Concrete Paving and Oiling (Paving, Chip Sealing, Crack Sealing, Slurry Sealing, Fog Sealing)	_____
<input type="checkbox"/> (REIN) Bridges and Structures (Concrete, Steel, and Timber Bridges, Retaining Walls and Soundwalls; Seismic Retrofit; Box Culverts; Structural Plate Pipe, and Pipe Arches)	_____
<input type="checkbox"/> (BLD1) Buildings (Toilets, Bathhouses, Maintenance, Sand Sheds)	_____
<input type="checkbox"/> (EART) Earthwork and Drainage (Clearing, Earthwork, Blasting, Riprap, Culverts, Manholes, Inlets, Storm Sewers, Sanitary Systems)	_____
<input type="checkbox"/> (ELEC) Electrical (Traffic Signals, Illumination, Ramp Meters, Roadway Weather Information Systems (RWIS), Variable Message Signs (VMS), Traffic Cameras)	_____
<input type="checkbox"/> (LS) Landscaping (Roadside Seeding, Lawns, Shrubs, Trees, Irrigation Systems, Topsoil, Temporary and Permanent Erosion Control)	_____
<input type="checkbox"/> (MHA) Miscellaneous Highway Appurtenances (Guardrail, Barrier, Curbs, Walks, Fences, Protective Screening, Impact Attenuators, Cold Plane Pavement Removal, Rumble Strips)	_____
<input type="checkbox"/> (PAI1) Painting (Bridges and Buildings)	_____
<input type="checkbox"/> (PAVE) Pavement Markings (Permanent - Painted, Durable, Markers, Delineators)	_____
<input type="checkbox"/> (PCP) Portland Cement Concrete Paving	_____
<input type="checkbox"/> (AC) Rock Production (Aggregate Crushing, Sanding Rock)	_____
<input type="checkbox"/> (SIGN) Signing (Permanent)	_____
<input type="checkbox"/> (TTC) Temporary Traffic Control (All Temporary Traffic Control Items Including Flaggers and Pilot Cars)	_____
<input type="checkbox"/> (OTH1) Other, (List specific class)	_____
_____	_____
_____	_____
_____	_____
_____	_____

You may list "OTHER" (OTH1) classes of work; however, ODOT does not normally solicit bids under this class. This class of work is typically used by Local Agencies (Cities, Counties, etc.)

11 ODOT PROJECT EXPERIENCE

List all ODOT projects substantially completed (second notification issued) in the past year as a prime or subcontractor, up to twenty (20). Failure to list ALL ODOT projects could be grounds for denial. **Attachments are acceptable, if all required information is included.**

1. Name of Project and Location of Work: _____	ODOT Contract #
Project Manager Name and Phone: _____	
Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.	
P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor	
AB <input type="checkbox"/> ACP <input type="checkbox"/> REIN <input type="checkbox"/> BLD1 <input type="checkbox"/> EART <input type="checkbox"/> ELEC <input type="checkbox"/> LS <input type="checkbox"/> MHA <input type="checkbox"/> PAI1 <input type="checkbox"/> PAVE <input type="checkbox"/> PCP <input type="checkbox"/> AC <input type="checkbox"/> SIGN <input type="checkbox"/> TTC <input type="checkbox"/> OTH1 <input type="checkbox"/>	
Contract Amount at Award: _____	Date of Completion: _____
If your company was Prime, were liquidated damages for late completion assessed: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____	
DBE goal, if your company was Prime: % Met: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If no, explain: _____	

2. Name of Project and Location of Work: _____	ODOT Contract #
Project Manager Name and Phone: _____	
Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.	
P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor	
AB <input type="checkbox"/> ACP <input type="checkbox"/> REIN <input type="checkbox"/> BLD1 <input type="checkbox"/> EART <input type="checkbox"/> ELEC <input type="checkbox"/> LS <input type="checkbox"/> MHA <input type="checkbox"/> PAI1 <input type="checkbox"/> PAVE <input type="checkbox"/> PCP <input type="checkbox"/> AC <input type="checkbox"/> SIGN <input type="checkbox"/> TTC <input type="checkbox"/> OTH1 <input type="checkbox"/>	
Contract Amount at Award: _____	Date of Completion: _____
If your company was Prime, were liquidated damages for late completion assessed: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____	
DBE goal, if your company was Prime: % Met: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If no, explain: _____	

11 ODOT PROJECT EXPERIENCE

List all ODOT projects substantially completed (second notification issued) in the past year as a prime or subcontractor, up to twenty (20). Failure to list ALL ODOT projects could be grounds for denial. **Attachments are acceptable, if all required information is included.**

3. Name of Project and Location of Work: _____	ODOT Contract #
Project Manager Name and Phone: _____	
Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.	
P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor	
AB <input type="checkbox"/> ACP <input type="checkbox"/> REIN <input type="checkbox"/> BLD1 <input type="checkbox"/> EART <input type="checkbox"/> ELEC <input type="checkbox"/> LS <input type="checkbox"/> MHA <input type="checkbox"/> PAI1 <input type="checkbox"/> PAVE <input type="checkbox"/> PCP <input type="checkbox"/> AC <input type="checkbox"/> SIGN <input type="checkbox"/> TTC <input type="checkbox"/> OTH1 <input type="checkbox"/>	
Contract Amount at Award: _____	Date of Completion: _____
If your company was Prime, were liquidated damages for late completion assessed: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____	
DBE goal, if your company was Prime: % Met: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If no, explain: _____	

4. Name of Project and Location of Work: _____	ODOT Contract #
Project Manager Name and Phone: _____	
Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.	
P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor	
AB <input type="checkbox"/> ACP <input type="checkbox"/> REIN <input type="checkbox"/> BLD1 <input type="checkbox"/> EART <input type="checkbox"/> ELEC <input type="checkbox"/> LS <input type="checkbox"/> MHA <input type="checkbox"/> PAI1 <input type="checkbox"/> PAVE <input type="checkbox"/> PCP <input type="checkbox"/> AC <input type="checkbox"/> SIGN <input type="checkbox"/> TTC <input type="checkbox"/> OTH1 <input type="checkbox"/>	
Contract Amount at Award: _____	Date of Completion: _____
If your company was Prime, were liquidated damages for late completion assessed: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____	
DBE goal, if your company was Prime: % Met: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If no, explain: _____	

11 ODOT PROJECT EXPERIENCE

List all ODOT projects substantially completed (second notification issued) in the past year as a prime or subcontractor, up to twenty (20). Failure to list ALL ODOT projects could be grounds for denial. **Attachments are acceptable, if all required information is included.**

5. Name of Project and Location of Work: _____	ODOT Contract #
Project Manager Name and Phone: _____	
Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.	
P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor	
AB <input type="checkbox"/> ACP <input type="checkbox"/> REIN <input type="checkbox"/> BLD1 <input type="checkbox"/> EART <input type="checkbox"/> ELEC <input type="checkbox"/> LS <input type="checkbox"/> MHA <input type="checkbox"/> PAI1 <input type="checkbox"/> PAVE <input type="checkbox"/> PCP <input type="checkbox"/> AC <input type="checkbox"/> SIGN <input type="checkbox"/> TTC <input type="checkbox"/> OTH1 <input type="checkbox"/>	
Contract Amount at Award: _____	Date of Completion: _____
If your company was Prime, were liquidated damages for late completion assessed: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____	
DBE goal, if your company was Prime: _____ % Met: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If no, explain: _____	

6. Name of Project and Location of Work: _____	ODOT Contract #
Project Manager Name and Phone: _____	
Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.	
P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor	
AB <input type="checkbox"/> ACP <input type="checkbox"/> REIN <input type="checkbox"/> BLD1 <input type="checkbox"/> EART <input type="checkbox"/> ELEC <input type="checkbox"/> LS <input type="checkbox"/> MHA <input type="checkbox"/> PAI1 <input type="checkbox"/> PAVE <input type="checkbox"/> PCP <input type="checkbox"/> AC <input type="checkbox"/> SIGN <input type="checkbox"/> TTC <input type="checkbox"/> OTH1 <input type="checkbox"/>	
Contract Amount at Award: _____	Date of Completion: _____
If your company was Prime, were liquidated damages for late completion assessed: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____	
DBE goal, if your company was Prime: _____ % Met: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If no, explain: _____	

12 ADDITIONAL EXPERIENCE FOR QUALIFICATION IN NEW CLASS OF WORK

Note: If your company is currently prequalified in a work class, you need not resubmit earlier experience. List projects to demonstrate experience in work categories not included in the above ODOT projects. Include a minimum of three (3) projects up to a maximum of five (5) projects to demonstrate experience in each new class of work selected in Section 10. Please limit the experience to the past five years. **Attachments are acceptable, if all required information is included.** If you do not have three (3) qualifying projects within the last five years, you may go back further.

1. Agency or Owner Name, address and phone: _____

Name of Project and Location of Work: _____

Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.

P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor

AB ACP REIN BLD1 EART ELEC LS MHA PAI1 PAVE PCP AC SIGN TTC OTH1

Contract Amount at award:

Date of Completion:

If your company was Prime, were liquidated damages for late completion assessed: Yes No

If yes, explain:

DBE goal, if your company was Prime: %

Met: Yes No N/A

If no, explain:

Project Bonded: Yes No

Surety Company, if Project Bonded:

2. Agency or Owner Name, address and phone: _____

Name of Project and Location of Work: _____

Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.

P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor

AB ACP REIN BLD1 EART ELEC LS MHA PAI1 PAVE PCP AC SIGN TTC OTH1

Contract Amount at award:

Date of Completion:

If your company was Prime, were liquidated damages for late completion assessed: Yes No

If yes, explain:

DBE goal, if your company was Prime: %

Met: Yes No N/A

If no, explain:

Project Bonded: Yes No

Surety Company, if Project Bonded:

12 ADDITIONAL EXPERIENCE FOR QUALIFICATION IN NEW CLASS OF WORK

Note: If your company is currently prequalified in a work class, you need not resubmit earlier experience. List projects to demonstrate experience in work categories not included in the above ODOT projects. Include a minimum of three (3) projects up to a maximum of five (5) projects to demonstrate experience in each new class of work selected in Section 10. Please limit the experience to the past five years. **Attachments are acceptable, if all required information is included.** If you do not have three (3) qualifying projects within the last five years, you may go back further.

3. Agency or Owner Name, address and phone: _____

Name of Project and Location of Work: _____

Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.

P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor

AB ACP REIN BLD1 EART ELEC LS MHA PAI1 PAVE PCP AC SIGN TTC OTH1

Contract Amount at award:

Date of Completion:

If your company was Prime, were liquidated damages for late completion assessed: Yes No

If yes, explain:

DBE goal, if your company was Prime: %

Met: Yes No N/A

If no, explain:

Project Bonded: Yes No

Surety Company, if Project Bonded:

4. Agency or Owner Name, address and phone: _____

Name of Project and Location of Work: _____

Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.

P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor

AB ACP REIN BLD1 EART ELEC LS MHA PAI1 PAVE PCP AC SIGN TTC OTH1

Contract Amount at award:

Date of Completion:

If your company was Prime, were liquidated damages for late completion assessed: Yes No

If yes, explain:

DBE goal, if your company was Prime: %

Met: Yes No N/A

If no, explain:

Project Bonded: Yes No

Surety Company, if Project Bonded:

12 ADDITIONAL EXPERIENCE FOR QUALIFICATION IN NEW CLASS OF WORK

Note: If your company is currently prequalified in a work class, you need not resubmit earlier experience. List projects to demonstrate experience in work categories not included in the above ODOT projects. Include a minimum of three (3) projects up to a maximum of five (5) projects to demonstrate experience in each new class of work selected in Section 10. Please limit the experience to the past five years. **Attachments are acceptable, if all required information is included.** If you do not have three (3) qualifying projects within the last five years, you may go back further.

5. Agency or Owner Name, address and phone: _____

Name of Project and Location of Work: _____

Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.

P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor

AB ACP REIN BLD1 EART ELEC LS MHA PAI1 PAVE PCP AC SIGN TTC OTH1

Contract Amount at award:

Date of Completion:

If your company was Prime, were liquidated damages for late completion assessed: Yes No

If yes, explain:

DBE goal, if your company was Prime: %

Met: Yes No N/A

If no, explain:

Project Bonded: Yes No

Surety Company, if Project Bonded:

6. Agency or Owner Name, address and phone: _____

Name of Project and Location of Work: _____

Indicate your role for each Class of Work listed below and that you listed in section 10. Put one of the following letters from the drop-down menu in the appropriate boxes included in this project. Multiple classes of work can apply to each project.

P=Performed work as Prime S=Performed work as Subcontractor M=Managed a subcontractor

AB ACP REIN BLD1 EART ELEC LS MHA PAI1 PAVE PCP AC SIGN TTC OTH1

Contract Amount at award:

Date of Completion:

If your company was Prime, were liquidated damages for late completion assessed: Yes No

If yes, explain:

DBE goal, if your company was Prime: %

Met: Yes No N/A

If no, explain:

Project Bonded: Yes No

Surety Company, if Project Bonded:

13 EXPERIENCE – Continued

A. How many years has applicant been in business under present name?

As a prime contractor? _____ As a subcontractor? _____

B. How many years' experience in construction work has applicant had?

As a prime contractor? _____ As a subcontractor? _____

14 EXPERIENCE – Continued

What is the construction experience of all owners, officers, partners and principal individuals in applicant's organization?
(Attach additional sheets, if needed)

Individual's Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work

15 GENERAL REMARKS

Use the following space for general remarks and explanations pertaining to the foregoing prequalification statements. Explain here any claimed experience of a business organization or entity other than the applicant or principals, including that of any business entity which was a predecessor of applicant or which has been acquired by applicant.

16 **AFFIDAVIT**

STATE OF _____)

County of _____)

ss.

I, _____ being first sworn, state that I am

_____ of the applicant herein and that the statements made in
(Title of individual authorized to execute bids and/or contracts) this application are true and I acknowledge that any false, deceptive or fraudulent statements on the application or at a hearing will result in the denial of prequalification, and may subject me to charges of false swearing or perjury; should there be any subsequent material reduction in applicant's ability to carry out any project for which applicant desires to submit a bid, applicant will give written notice of such change to the designated officer to whom this application is submitted at least ten days prior to the bid opening, and it is understood that such notice may change the eligibility of applicant to submit the bid.

(Original Signature of Individual Authorized to Execute Bids and/or Contracts)

Subscribed and sworn to before me
this _____ day of _____, Year _____

*Notary Seal
or
Stamp*

Original Notary Public Signature

My commission expires _____