HIGHWAY CONTRACTORS
PREQUALIFICATION SUBMISSION GUIDE
REQUIRED SUBMISSIONS CHECKLIST
C-32
LONG FORM
Please submit in this order to the following address:

Virginia Department of Transportation
Scheduling and Contract Division
1401 E. Broad St.
Richmond, Virginia 23219
Attn: Prequalification Office

___ **Current Good Standing Certificate or Certificate of Fact:** *Virginia State Corporation Commission(SCC)*

Form C-47: *Request for Protection of Prequalification Materials from Disclosure under the Virginia Freedom of Information Act*

Form C-71: *Declaration of Fraud, Convictions, Deceit, or other Felonies and Judgements*

Form C-32: *A complete prequalification long form application*

Annual Balance Sheet: *A complete original current annual balance sheet that is provided in the Form C-32. The fiscal year stated shall be within the past 12 months of the application submittal. A CPA report is optional, but not accepted in lieu of page 9.*

Form C-90: *A complete and signed Annual Gross Receipts Survey. The information requested is a Federal requirement.*

___ **Form C-38**: *A complete Safety Index Rating Form*

___ **EMR Letter**: *A current original certification of Experience Modification Rate letter issued by an Insurance Company who is registered active and good standing in the Commonwealth. It shall indicate the past six complete years of EMR ratings for the established firm.*

___ **OSHA 300 & 300A Logs**: *OSHA documentation for the last three complete years.*

OSHA Citations: *If applicable, copies of actual OSHA Citation Report(s)*

___ **VDOT Suspensions**

Safety Policy (cover page, table of contents and last two pages of safety manual)

___ **Form C-42**: *Status of Current Prime Contracts on Hand*

Form C-42A: *Status of Current Subcontracts on Hand*

The Prequalification Application is considered a legal document by both the Virginia and the Federal courts. Prequalification applications have been, and may be, summoned by the courts. Please prepare your documentation with the utmost care so they can be successfully defended if they are ever legally questioned.

Please review your firm's Prequalification application prior to submitting to prevent delays caused by omissions.

Vendor #_____

Request for Protection of Prequalification Materials
From Disclosure Under the
Virginia Freedom of Information Act

Please read before completing this form:

The Virginia Public Procurement Act allows for the exemption of certain Prequalification information from public disclosure. A contractor must request the exemption in writing in order that information contained in the Prequalification application and financial statement be withheld from public view, under the Virginia Freedom of Information Act. This can be accomplished by completing this form. This form must indicate the legal name of the company, the items to be protected, and the reason why the exemption is being requested. **(Please be specific) and state specifically why each item is exempt**. The Virginia Court System has held that the contents of the entire file may not be protected. For example, just indicating" entire file" is to be exempt is not specific enough and will not protect your information from being disclosed. This request must be signed by an authorized officer of the company as authorized on page 2 of the Prequalification Application (Form C-32).

In submission of its Prequalification materials:

_____
(Firms Full Legal Name as Registered with the SCC is required)

_____

Hereby invokes the protection of Section 2.2-4342 of the Code of Virginia (Virginia Public Procurement Act), and request protection from public disclosure of certain ownership information.

The data or materials to be protected are (Please state **specific** materials):

The reasons why such protection is necessary are:

_ . **No protection** of our prequalification submission is being requested. (Please check if applicable).

_____ _____
(SIGNATURE OF AN AUTHORIZED COMPANY OFFICER) (DATE)

Vendor #_____

VIRGINIA DEPARTMENT OF TRANSPORTATION
PREQUALIFICATION APPLICATION

This application is to be completed in its entirety (no omissions, either none, unknown, or zero as applicable) by all firms desiring to work or bid on VDOT highway construction contracts. **(Please allow 30-45 days processing time)**

GENERAL INFORMATION

1. Company's Full Legal Name (as registered with the SCC)_____

Street Address _____
City State Zip Code

Mailing Address (if different) _____
City State Zip Code

_____-_____/_____( )_____ ( )_____
Federal Tax ID Number / DUNS Number * Telephone Number /ext # Fax Number

_____
Confidential Info: Authorized Contact Person (person who is authorized on Page 2) and email address (email address will be kept **confidential**)

_____
Public Email Contact: Firm's Contact Person, email address, and firm website to be listed on **VDOT website**

2. Firms Legal Status and History (please check one type of business entity)

Corporation ___ Limited Liability Company ___ Sole Proprietorship Limited Partnership General Partnership Business Trust

Date this firm was established (M/D/YR) :_____

Has this organization transacted business under any other name? YES _____ NO_____

If yes, under what name(s) did the firm transact business? _____

3. What is the dollar value of the largest project the firm intends to bid? $_____

4. What is the total dollar value of work the firm can perform at any one time? $_____

5. Does firm owe any monies to VDOT? **Yes** _____**No**_____(***If yes***, please provide an explanation on a separate sheet)

6. Has the firm ever filed for bankruptcy? **Yes** _____**No**_____(***If yes***, please provide an explanation on a separate sheet)

7. Are all owners U.S. citizens? **Yes** _____**No**_____ If not, please submit a photo copy of each owner's current INS Registration Cards (Form I-151 or I-551).

8. Ownership of Firm - Document all individuals owning a percentage of the firm.

-1- Full Legal Name of Owner (Person or Entity) And State of Incorporation	-2- Owner's Driver's License # and State issued **OR** if Owner is a Business entity, then Tax ID #	-3- Years of Ownership	-4- Ownership Percent	-5- Voting Percent (Corp. Only)

If additional space is needed, any page of this application may be copied and added for your convenience.

* The DUNS # is not required and is just for information only. The DUNS number is issued by Dun & Bradstreet (D&B). http://www.dnb.com/

This Application for internal Department use only. Information will not be used in the determination of a firm's prequalification level.

Vendor #_____

CONFIDENTIAL

Individuals Authorized to Transact Business with the Virginia Department of Transportation

Document all owners, officers, partners or individuals within your organization who in any way and/or to any extent are authorized to represent, transact business **or** sign legal documents and contracts on behalf of the firm with VDOT. In the event any of these individuals hold any office or has any interest in any other firm or firms, please state his/her affiliation or involvement within these firms.

The executed signature on future bid proposals and all other legal documents submitted to VDOT must be identical to the signature on this document. Different styles of an individual's signature may be placed on file. Two or more signatures are requested, but not required. No other individuals should attempt to represent, transact business or sign documents and contracts on behalf of the firm with VDOT.

_____
Print Full Legal Name of Firm as Registered with the SCC

1._____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm **Signature for all VDOT documents**

_____Are you involved in another firm? YES_____ NO_____
State/ Driver's License Number **(attach photo copy)**

_____
Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

2._____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm **Signature for all VDOT documents**

_____Are you involved in another firm? YES_____ NO_____
State/ Driver's License Number **(attach photo copy)**

_____
Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

3._____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm **Signature for all VDOT documents**

_____Are you involved in another firm? YES_____ NO_____
State/ Driver's License Number **(attach photo copy)**

_____
Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

4._____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm **Signature for all VDOT documents**

_____Are you involved in another firm? YES_____ NO_____
State/ Driver's License Number **(attach photo copy)**

_____
Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

5._____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm **Signature for all VDOT documents**

_____Are you involved in another firm? YES_____ NO_____
State/ Driver's License Number **(attach photo copy)**

_____
Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

Vendor #_____

FIRM TO FIRM RELATIONSHIPS - (All applicants must complete **Item A or B**)

A. Document all names and complete addresses of all affiliated, financially associated and subsidiary companies.

Affiliate – Any business entity that is closely associated to another business entity so that one entity controls or has the power to control the other entity directly or indirectly; or, where one business entity systematically shares resources, officers, and/or other management with another business entity to the extent that a business relationship legally exists or is publicly perceived to exist; or, when a third party has the power or controls both; or when one business entity has been so closely allied with another business entity through an established course of dealings, including but not limited to the lending or financial wherewithal, engaging in joint ventures, etc. as to cause a public perception that the two firms are one entity.

-1- Name of Affiliated Company	-2- Affiliated Firm's Address	-3- Federal Tax ID Number	-4- Affiliated Firm's Type of Work	-5- * Affiliated Firm's Relationship to The Applicant	-6- Affiliated Firm's % Interest in Applicant	-7- Applicants % Interest in Affiliated Firm	-8- VDOT Prequalified Y or N If **Y** indicate Vendor #

*****Relationship between firms may be simply stated as: Grandparent, Parent, Brother/Sister or Child. If firms are related by common owners, or if an authorized individual listed on Page 2 of this application is involved with another firm, the other firm should be listed and the firm's relationship to the applicant should be stated as brother/sister firm(s).
A diagram (Flow Chart) may be submitted as an addition to this list to document the relationship between the firms.

OR

B. _____**is not directly or indirectly related to any other business entity.**
(Name of Firm Seeking Prequalification as registered with the SCC)

Vendor #_____

OWNER and/or **AUTHORIZED PERSON'S NAME** *(ONE PERSON PER PAGE):* _____

IMMEDIATE FAMILY MEMBER BUSINESS RELATIONSHIPS (Please **complete this form** for **each individual owner of the firm listed on page 1** and **each individual authorized person** to transact business with the Virginia Department of Transportation **on page 2**.)

Do any of your immediate family members own or are involved with another VDOT prequalified contractor? For purposes of this section, "immediate family" includes one's spouse, mother, father, son, daughter, brother, sister, brother-in-law, sister-in-law.

YES____**NO**____ if yes, please address the following for each relative:

-1- Relative's Name	-2- Relationship	-3- Company Name	-4- Position in Other Company	-5- Financial % in Other Firm

Sheet _____ of _____

Vendor #_____

FIRM'S FOCUS AREA OF HIGHWAY CONSTRUCTION

Please check the work classes that best describe the work performed by your firm's work force using your firm's equipment. Do not include the work performed by subcontractors. Please limit your selections to **10 work classes**.

_____Grading (002)
_____Excavation (101)
_____Demolition of Building (015)
_____Demolition of Structures (080)
_____Clearing & Grubbing (011)
_____Tunneling (043)
_____Jacking & Boring of Pipe (024)
_____Micro Tunneling (176)
_____Roadside Development (033)
_____Landscaping (106)
_____Erosion Control (070)
_____Wetland Mitigation (063)
_____Soil Stabilization (036)
_____MSE Walls (187)
_____Underdrains (044)
_____Wick Drains (173)
_____Drilling & Blasting (058)
_____Dredging (017)
_____Major Structures (003) (spans greater than 30')
_____Erection & Fabrication Structural Materials (019)
_____Cathotic Protection (160)
_____Welding (083)
_____Post Tensioning (057)
_____Reinforcing Steel Placement (023)
_____Pile Driving & Caisson Foundation (030)
_____Shoring/Sheeting (082)
_____Waterproofing (046)
_____Bridge Repair (055)
_____Deck & Surface Repair (177)
_____Epoxy Work (071)
_____Pneumatically Applied Concrete (178)
_____Marine Construction (054)
_____Underwater Construction & Repair (081)
_____Underwater Utilities (051)
_____Marine Salvage (075)
_____Subsurface Investigation (076)
_____Tunnel Finishing (042)
_____Painting of Bridge & Structures (028)
_____Bridge Cleaning (182)
_____Minor Structure (007) (Spans Less than 30')
_____Drainage Structures (005)
_____Masonry Construction (056)
_____Soundwalls (188)
_____Portland Cement concrete (006)
_____Pavement (179)
_____Incidental Concrete (022)
_____Slip Forming (180)
_____Pneumatic Mortar (031)
_____Pavement Sawing & Grooving (049)
_____Joint Repair/Underseal Pavement (050)
_____Asphalt Pavement (004)
_____Asphalt Repairs (183)
_____Surface Treatment (171)
_____Roadway Milling (013)
_____Slurry Seal of Pavement (068)

Others

_____Segmental Paver Installation (185)
_____Guardrail (021)
_____Fencing (020)
_____Roadway Signing (035)
_____Utilities (045) (Water, gas, sanitary sewer, electrical, telephone, and cable)
_____Hazardous Waste Removal (133)
_____Railroad Construction & Repair (032)
_____Electrical Installation (018)
_____Roadway Lighting (072)
_____Traffic Signalization (052)
_____Traffic Management Systems (164)
_____Variable Message Signing (165)
_____Temporary Traffic Management (078)
_____Pavement Markings (029)
_____Subcontractor Only (SCO) (186)

Vendor #_____

PAST THREE YEARS EXPERIENCE

List projects this firm has completed in the **past three years**. Work performed beyond three years may be shown if desired. (List all work that will demonstrate experience and capability in the areas checked on Page 5.) If you answer **'yes' to #5 through #7**, please indicate the specific project and **explain** using the reference numbers at the top of each column on a separate sheet.

-1- Name of Owner	-2- State Project No. or Location	-3- Specific type of work performed	-4- Contract Price	-5- Was contract completed late?	-6- Were liquidated damages imposed?	-7- Were any liens, claims, stop notices filed against job?

Vendor #_____

FIRM'S OWNED EQUIPMENT

Please list the owned and operating **Highway Construction Equipment/Tools** (**No vehicles**) that this firm owns and uses to perform the requested work classes on Page 5 and previous Highway Construction Projects listed on Page 6. (If no highway construction equipment, then list necessary tools).

-1- **Description & Capacity of each item**.	-2- **Serial Number or VIN Vehicle ID Number**	-3- **Age or Model Year**

Vendor #_____

LEASED EQUIPMENT – Only For firms using leased equipment to support the requested work classes on Page 5.

Leased or rented equipment may be considered if it is listed below and a copy of a past leased or rented agreement is submitted. The equipment dealer must submit a letter documenting the **Highway Construction Equipment/Tools** was leased or rented to the firm in the past and its willingness to lease or rent the equipment/tools to the firm in the future.

-1- **Description & Capacity of each item**	-2- **Serial Number or Vehicle ID Number**	-3- **Age or Model year**	-4- **Lease Attached**

Vendor #_____

ANNUAL BALANCE SHEET

(Page must be completed with no omissions)

_____
(Firms Full Legal Name as registered with the SCC)

For the Fiscal Year Ending _____
(Document **month, day & year**)

ASSETS

Current Assets (1 year or less):
- Cash & Bank Account ……_____
- Accounts Receivable……..._____
- Notes Receivable…….._____
- Other Current Assets……......_____

Total Current Assets …….……..……..(1a)_____

Non-Current Assets (over 1 year):
- Equipment……..._____
- Real Estate/Land…….._____
- Other Non-Current Assets……..._____

Total Non-Current Assets …….…….....(1b)_____

TOTAL ASSETS (1a+1b)……...(1c)_____

LIABILITIES

Current Liabilities (1 year or less)
- Notes Payable…….._____
- Leases Payable……..._____
- Accounts Payable……..._____
- Other Current Liabilities……._____

Total Current Liabilities……...……(2a)_____

Non-Current Liabilities (over 1 year):
- Notes Payable – Long term……..._____
- Notes Payable – Equipment……._____
- Other Non-Current Liabilities……..._____

Total Non-Current Liabilities …….……(2b)_____

TOTAL LIABILITIES (2a+2b)…….(2c)_____

Equity/Capital Stock (1c-2c)……..(2d)_____

TOTAL LIABILITIES & EQUITY (2c+2d, must equal 1c)…….…._____

AFFIDAVIT

I declare under the penalty of perjury that to the best of my knowledge that this annual balance sheet accurately reflects this company's underlying financial state.

_____
Printed Full Legal Name of Authorized Company Officer (on page 2 of Form C32) Signature

Sworn to before me this _____ day of _____, 20_____

(Signature/Seal) _____
Notary Public

My Commission expires _____ Notary Registration Number _____

Vendor #_____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION

ANNUAL GROSS RECEIPTS SURVEY

THE FIRM IDENTIFIED BELOW ACKNOWLEDGES AND CERTIFIES THAT THIS PAGE ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

FIRM'S FULL LEGAL NAME_____**VENDOR NO.**_____

FIRM'S ADDRESS_____

CITY_____

STATE_____ **ZIP CODE**_____

AGE OF FIRM_____

FIRM'S STATUS: DBE_____ **NON-DBE**_ __ **SWAM**_ _

ANNUAL GROSS RECEIPTS FOR THE FIRM'S FISCAL YEAR ENDING (Year Only)_____

ANNUAL GROSS RECEIPT DOLLAR AMOUNT $_____

_____
Printed Full Legal Name of Authorized Company Officer (on page 2 of Form C32)

Signature_____

Vendor #_____

AFFIDAVIT

This form must be signed by an authorized company officer and notarized.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF PREQUALIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

STATE OF_____ CITY/COUNTY OF _____

I, _____(full ***legal*** name of authorized person printed), swear or

affirm under penalty of law that I am _____(title)

of applicant firm _____
(Firm's full ***legal*** name as registered with the SCC)

and that I have read and understand all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing prequalification approval by VDOT. I understand that VDOT may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial or the loss of our firm's prequalification privileges.

I agree to provide written notice to the Virginia Department of Transportation of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of prequalification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

_____

Printed **Full Legal Name** of Authorized Company Officer Signature

Sworn to before me this ___ ___ day of _____, 20____

(Signature/(Seal) _____
Notary Public

My Commission expires _____. Notary Registration Number _____

Mail completed application to:

Virginia Department of Transportation/Prequalification Officer
1401 East Broad Street
Richmond, Virginia 23219

Vendor #_____

FORM C-42

STATUS OF CURRENT *PRIME* CONTRACTS ON HAND

Give full information about all of your contracts as a PRIME contractor whether in progress or awarded but not yet begun; or where you are low bidder pending formal award of contract. For Maintenance Contracts list in column 4 the balance completed to date. This information **cannot be older than 60 days.**

-1- **OWNER**	**-2-** **CONTRACTS** **LOCATION OF WORK**	**-3-** **CONTRACTS** ***DESCRIPTION* OF WORK PERFORMED**	**-4-** **CONTRACT** **AMOUNT**	**-5-** **BALANCE TO** **BE** **COMPLETED**

Page ____ of ____

Total Chargeable Balance to be completed (Total of Column 5) = $_____

GRAND TOTAL OF ALL PAGES = $_____

In case of joint venture indicate work performed only by your firm.

_ _ **A** I certify the above contract amounts are the true representation of all of the work this firm is responsible for as a PRIME contractor as of the date stated below.

Or

_ _ **B** I certify that this firm has no work underway as a PRIME contract and is responsible for no work as of the date stated below.

Company's Full Legal Name (as registered with the SCC) | **Signature of an Authorized Company Official (shown on page 2 of C-32)** | **Date**

Vendor #_____

FORM C-42A

STATUS OF CURRENT *SUBCONTRACTS* ON HAND

Give full information about all of your subcontracts as a **SUB CONTRACTOR** whether in progress and all signed subcontract agreements where the work has not yet begun. This information cannot be older than 60 days.

-1- OWNER	-2- PRIME CONTRACTOR	-3- CONTRACTS LOCATION & DESCRIPTION OF WORK PERFORMED	-4- SUBCONTRACT AMOUNT	-5- BALANCE TO BE COMPLETED

Page ___ of ___

Total Chargeable Balance to be completed (Total of Column 5) = $_____

GRAND TOTAL $_____

_____ **A** I certify the above contract amounts are the true representation of all of the work this firm is responsible for as a SUB contractor as of the date stated below.

Or

_ _ **B** I certify that this firm has no work underway as a SUB CONTRACTOR and is responsible for no work as of the date stated below.

Company's Full Legal Name (as registered with the SCC) | **Signature of an Authorized Company Official (shown on page 2 of C-32)** | **Date**