



NEW PRIME CONTRACTOR APPLICATION

Mail To:
Bureau of Project Delivery
Attention: Prequalification Office
400 North Street - 7th Floor North
Harrisburg, PA 17120

PART 1 - CONTRACTOR'S FINANCIAL STATEMENT

NOTE: All requested information must be submitted in the format displayed on this form. The Department will not accept any substitute submission of the requested information. This form must be completed in total.

Contractor _____

A Corporation

Address 1 _____
Address 2 _____

State of Incorporation

City State Zip Code

A Co-Partnership

Telephone Number _____ Fax Number _____

An Individual

Business Partner Registration Number _____

Affiliate/Subsidiary/
Division

Date Submitted _____

(Check One) New Application Renewal Application

FOR DEPARTMENT USE ONLY:

**Financial Statement
Examined/Accepted By:** _____
Accountant

Date

Directions and Guidelines Before Completion of the Part 1, “Contractor’s Financial Statement” Form:

- Please use single-sided paper and do not bind Financial Information Packet.
- **Financial Statements with negative working capital or working capital greater than \$50,000 must be audited.**
- Reviewed statements will be accepted for financial statements with working capital less than \$50,000.
- Compiled financial statements will not be accepted.
- Any financial statements submitted after six (6) months but less than nine (9) months from the balance sheet date on your balance sheet will require a letter of assurance submitted and signed by your Certified Public Accountant (CPA).
- Any financial statements submitted after nine (9) months from the balance sheet date on your balance sheet will not be accepted.
- **Please make sure to attach your audited/reviewed financial statements to include at a minimum the independent auditors’ report, balance sheet, and notes/disclosures to the financial statements. The financial statements are to be in accordance with current accounting concepts published by the American Institute of Certified Public Accountants. The independent auditors’ report must have an opinion for the Part 1 section. “Unqualified” opinions need no further support.**
- If the independent auditors/reviewed report has a ‘qualified’ opinion, then the contractor **must** provide documentation from their bonding company that the bonding company has the contractor’s financial records and will bond the contractor’s future work. Please see attached typical letters.
- The information submitted on the Contractor’s Financial Statement Form 4300, Part 1 should match the amounts found on the attached CPA audited or reviewed Balance Sheet.
- A consolidated balance sheet may be submitted with the Prequalification completed in the name of the parent. A consolidated balance sheet submitted with a Prequalification completed in the name of the subsidiary shall include a separate breakdown of the balance sheet or a ‘consolidating’ balance sheet that is included in the supplementary or additional information of the financial statement submission audited/reviewed by your CPA.

Instructions for the Completion of the Part 1, “Contractor’s Financial Statement” Form:

- The information submitted on the Contractor’s Financial Statement should match the amounts found on the attached CPA audited or reviewed Balance Sheet.
- Contractor’s Financial Statement, Line 1, please list the total current assets from the balance sheet.
- Contractor’s Financial Statement, Line 2, please list the total current liabilities from the balance sheet.
- Contractor’s Financial Statement, Line 3, please subtract the total current liabilities from the total current assets on the balance sheet.
- Contractor’s Financial Statement, Line 4, please list the book value of the machinery and equipment used in the course of business and include attached depreciation schedules. The book value of equipment should include only machinery, equipment, and office equipment used in the course of business. Book values for Furniture, Fixtures, Land and Buildings should not be included.
- Contractor’s Financial Statement, Line 5, please list the approved maximum line of credit amount.
- Contractor’s Financial Statement, Line 6, please complete the expiration date for the line of credit. (Should match the date on the line of credit affidavit)
- Contractor’s Financial Statement, Line 7, please multiply the amount for the book value of equipment (BE) listed on line 4 and the line of credit (LC) listed on line 5 by one half. Then add those totals to the working capital (WC) determined on line 3. Multiple the total by your current performance factor (PF in formula), located on your current prequalification certificate, to determine the potential maximum capacity. **A new contractor’s performance factor will be a 6.**

REVIEWED FINANCIAL STATEMENT

Section 457.4(b) of the Prequalification Regulations allows for the acceptance of a Reviewed Financial Statement under certain conditions. In order to provide clarification as to how the Department intends to implement this provision of the Prequalification Regulations, the following information is provided:

- A review statement will be accepted if the net working capital, as determined by the Comptroller's Office, is less than \$50,000.
- A review statement will not be accepted if the net working capital, as determined by the Comptroller's Office, is negative.
- A review statement will not be accepted if the Maximum Capacity Rating (Q) as calculated in Section 457.5(f) exceeds four million dollars (\$4,000,000.00).
- If a Review Statement is not acceptable, you will be informed in writing by the Department that one of the following options are available for consideration:
 - (a) A current audited financial statement may be submitted for the Department's evaluation.
 - (b) Prequalification as a subcontractor may be requested as noted in Section 457.4(a)(5). Submission of Part 1, Financial Statement, is not required for subcontractor approval.
- An Accountant's Certificate to accommodate a Review Statement has been inserted for your use, if necessary, following this sheet.

ACCOUNTANTS CERTIFICATE (Reviewed)

Date

I (We) have reviewed the accompany balance sheet and related financial statement of _____ for the period ended _____, in accordance with standards established by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of the company.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an examination 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, we do not express such an opinion.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

Registration Number _____ Signed _____
Name of Certified Public Accountant/Public Accountant

Accounting Firm Name

Authorized to do business in _____
State

Address

(May be substituted with certificate supplied from accountant)

ACCOUNTANTS CERTIFICATE (Audited)

Date

I (We) have audited the balance sheet and related financial statements of

for the period ended _____. These statements are the responsibility of the company's management. Our responsibility is to express an opinion on these statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free of material misstatement. Our audit included examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. Our audit also included assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. Any lines of credit extended by banks were also verified. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of _____ as of _____, in conformity with generally accepted accounting principles.

Registration Number _____ Signed _____
Name of Certified Public Accountant/Public Accountant

Accounting Firm Name

Authorized to do business in _____
State

Address

(May be substituted with certificate supplied from accountant)

Contractor's Financial Statement

Contractor _____

Address 1 _____

Address 2 _____

City

State

Zip Code

Business Partner Number: _____

1. **Total Current Assets (CA)** \$ _____
2. **Total Current Liabilities (CL)** \$ _____
3. **Working Capital (WC) = (CA - CL)** \$ _____
4. **Book Value of Equipment (BVE)** \$ _____
5. **Line of Credit (LC)** \$ _____
6. **Line of Credit Expiration Date** _____
7. **Potential Maximum Capacity**
Determined by PF * (WC + 1/2 BVE + 1/2 LC) = \$ _____
PF = Current Performance Factor
(Found in current ECMS certificate)
(New Contractors are assigned a PF of 6)

For Department Comptroller Use Only:

Application Date: _____

Balance Sheet Date: _____

Review/Audited: _____

Prequalification Expiration Date: _____

Reviewer: _____

Date: _____

TYPICAL BONDING LETTER

Date _____

Prequalification Officer
Contract Management Section
Bureau of Project Delivery
Commonwealth of Pennsylvania
Department of Transportation
400 North Street
Harrisburg, PA 17120

Re: Contractor Prequalification
Part 1 Contractor Financial Statement

Dear Prequalification Officer:

It is our pleasure to review with you the bonding accommodations of Good Contractor, Inc., 123 Main Street, Big Town, PA 12345.

Subject to our normal underwriting review, which includes reviewing the annual audited financial statements, we will issue 100% performance and 100% payment bonds on contracts awarded to Good Contractor, Inc.

We have been extremely pleased by the positive feedback we have received from project owners and have the utmost confidence in their company to perform any contract they wish to undertake in the most commendable manner.

If you should have any questions or need additional information, please let us know.

Sincerely,

Bonding Agency, Inc

TYPICAL BONDING LETTER

Mr. John Doe
Good Contractor, Inc.
123 Main Street
Big Town, PA 12345

Re: PennDOT Prequalification Substantiation

Dear John:

This is confirm for the benefit of any and all interested parties that X Surety is the bonding company for Good Contractor, Inc. and that we give the firm our highest recommendation.

In response to the prequalification request for the subject, please be advised that we would be willing to provide performance and payment bonds for them on work for the Pennsylvania DOT.

Our willingness to extend surety is subject to the ongoing application of X Surety's normal underwriting standards including, but not limited to, review of the job specifications and details, acceptable contract terms, acceptable bond language, satisfactory evidence of adequate financing and the principal's financial condition and amount of work on hand at the time bonds are requested.

This letter is not a bid bond and does not create an obligation on the part of X Surety to provide a surety bond for any project unless and until Good Contractor, Inc. enters into a contract on terms that mutually satisfy both Good Contractor, Inc. and X Surety at the time of bid or award as describe above.

We hold Good Contractor, Inc. in the highest regard and would give any request for surety support our fullest consideration.

Sincerely,

X Surety

LINE-OF-CREDIT STATEMENTS

Line-of-Credit Statements may be submitted from your banks for the purpose of establishing your financial qualifications in determining your classification and rating. Such statements must, however, be specific as to amount.

The next page, properly executed, is the official form, which must be used for a bank line-of-credit statement. Any alterations will make the form null and void.

If more than one bank line-of-credit statement is being submitted the second or subsequent statements must be on the Pennsylvania Department of Transportation official form.

The name of the contractor being pre-qualified is the only name that is to be shown on the form.



LINE OF CREDIT STATEMENT

Name of Bank _____
Street Address _____
City/State/Zip _____
Date _____

Mail To: Department of Transportation
Prequalification Office
400 North Street – 7th Floor North
Harrisburg, Pennsylvania 17120-0094

BP ID _____

A line of credit in the maximum amount of \$ _____ has been placed at the disposal of

_____ for use when, as, and if needed throughout the one-year period beginning _____, subject to the usual conditions, including the requirement that the borrower's financial condition and other circumstances remain satisfactory to the bank at the time of any proposed borrowing. Should there be any reduction, termination, or increase in this line of credit, the Department of Transportation would appreciate being notified of these changes as soon as possible. The banking facility will not be held accountable in any fashion by the Department.

The following items, listed as liquid assets in Part 1 of the questionnaire being submitted by _____ have been pledged to secure the line of credit mentioned above:

***The line of credit mentioned has been given with full knowledge of accommodations extended by other banks in amounts as follows: \$ _____**

****It is not intended that this statement confer to the Department of Transportation or the Commonwealth of Pennsylvania any rights in and to said line of credit nor shall this statement create any obligation of _____**
(Name of Bank)

AFFIDAVIT

State of _____
County of _____ SS: _____
_____ being duly sworn, deposes and says that they are _____ of the _____, the bank named in and which executed the foregoing statement. Sworn to before me this _____ day of _____, 20____.

(Bank Officer Sign Here)

(Notary Public)

FOR A CORPORATION

COMPLETE THE FOLLOWING:

Corporate Name _____

Authorized Capital _____

Paid-in Capital _____

When Incorporated _____ In What State _____

Name and Address of Officers:

President _____

Vice-President _____

Secretary _____

Treasurer _____

AFFIDAVIT FOR CORPORATION

STATE OF _____

COUNTY OF _____ SS: _____

The undersigned hereby declares: that the foregoing is a true statement of the financial condition of the corporation herein first named, as of the date herein first given; that this statement is in response to a questionnaire and that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

_____ being duly sworn, deposes and says that they are _____ the
_____ of the _____
(Title)

corporation described in and which executed the foregoing statement; that they are familiar with the books of the said corporation showing its financial condition; that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition as of the date thereof and that the answers to the foregoing interrogatories are true.

Sworn to before me this _____ day of _____, _____ (Year)

(Signature of Officer)

Notary Public

Corporate
Seal

(NOTARIAL SEAL)

FOR A CO-PARTNERSHIP

COMPLETE THE FOLLOWING:

Firm Name _____

Date of Organization _____

State whether Co-partnership is general or limited _____

If limited, explain fully _____

Name and Address of Partners: _____

AFFIDAVIT FOR CO-PARTNERSHIP

STATE OF _____

COUNTY OF _____ SS: _____

The undersigned hereby declares: that the foregoing is a true statement of the financial condition of the co-partnership herein first named, as of the date herein first given; that this statement is in response to a questionnaire and that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

_____ being duly sworn, deposes and says that they are a member of the firm of _____;

that they are familiar with the books of the said firm showing its financial condition; that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and that the answers to the foregoing interrogatories are true.

Sworn to before me this ____ day of _____, _____ (Year)

Signatures _____

(ALL PARTNERS OF FIRM MUST SIGN)

Notary Public

(NOTARIAL SEAL)

FOR AN INDIVIDUAL

COMPLETE THE FOLLOWING:

Firm Name _____

AFFIDAVIT FOR INDIVIDUAL

STATE OF _____

COUNTY OF _____ SS: _____

The undersigned hereby declares: that the foregoing is a true statement of the financial condition of the individual herein first named, as of the date herein first given; that this statement is in response to a questionnaire and that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

_____ being duly sworn, deposes and says that the foregoing financial statement, taken from their books, is a true and accurate statement of their financial condition as of the date thereof and that the answers to the foregoing interrogatories are true.

Sworn to before me this ____ day of _____, ____ (Year)

Notary Public

(SIGNATURE OF INDIVIDUAL)

(NOTARIAL SEAL)



NEW PRIME CONTRACTOR APPLICATION

Mail To:
Bureau of Project Delivery
Attention: Prequalification Office
400 North Street - 7th Floor North
Harrisburg, PA 17120

PART 2 - ORGANIZATION AND EXPERIENCE STATEMENT

NOTE: All requested information must be submitted in the format displayed on this form. The Department will not accept any substitute submission of the requested information. This form must be completed in total.

Name of Company _____

Address 1 _____
Address 2 _____
_____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Federal Identification No. _____

Business Partner Registration No _____ (REQUIRED)

OUT-OF-STATE CONTRACTOR - Pennsylvania Resident Agent

Name of Company _____

Address 1 _____
Address 2 _____
_____ City _____ State _____ Zip Code _____

NOTE: The Department reserves the right to request additional information for prequalification at any time as per the requirements of Title 67 Transportation, Section 457.17, Notification.

Form completed by (print): _____

Title: _____

APPLICATION

The undersigned hereby applies for qualification to perform the following types of work, as described in the Pennsylvania Department of Transportation Specifications, Publication 408M (408).

WORK CLASSIFICATION (CHECK THOSE DESIRED)			
WORK	WORK	CLASSIFICATION	✓
EARTHWORK	A	Clearing and Grubbing	
	B	Building Demolition	
	C	New Roadway Excavating and Grading	
	C1	Other Excavation and Grading (Roadway Patches, Structure Related, Drainage, etc.)	
	C2	Drilling and Blasting	
	C5	Anchors	
	C6	Drilling	
BASE COURSE	C4	Rubblizing	
	D	Rigid Base Course	
	E	Flexible Base Course	
PAVEMENT	F	Bituminous Pavement	
	F1	Bituminous Pavement Patching and Repair	
	F2	Bituminous Joint and Crack Sealing	
	F3	Milling, Rumble Strips, Scarification Bituminous or Concrete	
	F4	Bituminous Surface Treatments, Seal Coats	
	G	Rigid Pavement	
	G1	Rigid Pavement Patching and Repair	
	G2	Diamond, Carbide Grinding Concrete or Bituminous	
	G3	Spall Repair	
	G4	Joint Rehabilitation, Sawing and Sealing Concrete or Bituminous	
	W	Railroad Construction	
INCIDENTAL CONSTRUCTION	B1	Asbestos Removal	
	C3	Geotextiles	
	H	Drainage, Water Main, Storm Sewer	
	H1	Pipe and Culvert Cleaning	
	H2	Pavement Base Drains	
	J	Guide Rail, Steel Median Barrier, Fences	
	J1	Concrete Median Barrier	
	J2	Fencing, Railings	
	J3	Impact Attenuating Devices	
	K	Curbs, Sidewalks, Inlets, Manholes	
	K1	Masonry Work	
	K2	Concrete and Masonry Coatings	
L	Slabjacking, Subsealing		
ROADSIDE	M	Landscaping	
	M1	Selective Tree Removal, Trimming	
	M2	Silt Barrier Fence, Gabions, Erosion Control	
	M3	Seeding and Soil Supplements	
	N	Building Construction and Related Trades	
	N1	Related Building Trades	

TRAFFIC ACCOMMODATIONS & CONTROL	O	Pavement Markings	
	O1	Raised, Recessed Pavement Markers	
	O2	Plastic Applications	
	O3	Paint Applications	
	P	Highway/Sign Lighting, Traffic Signal Control	
	P1	CCTV, RWIS, Automated Anti Deicing Systems	
	P2	Highway Advisory Radio System (HAR)	
	P3	Dynamic Message Signs (DMS)	
	P4	Integrated Communications Systems	
	P5	Level 1 System Integrators (Hardware)	
	P6	Level 2 System Integrators (Software)	
	P7	Level 3 System Integrators (Hardware/Software)	
	P8	Highway/Sign Lighting, Electrical	
	Q	Maintenance and Protection of Traffic	
	R	Sign Placement (Post/Structure Mounted)	
	R1	Sign Structures (Refer to Pub. 408, Section 948)	
STRUCTURES (Bridges)	S	Cement Concrete Bridges Over 120 ft.	
	S1	Cement Concrete Bridges up to 120 ft. and Steel Bridges with Straight Girders up to 120 ft.	
	S2	Repair and Rehabilitation of Structures Concrete or Steel	
	S3	Modified Concrete Deck Overlays	
	S4	Bridge Culverts, Pedestrian Bridges, Timber Bridges	
	S5	Structural Walls	
	S6	Erection of Prestressed Concrete Beams	
	S7	Rebar Installation	
	S8	Transportation Tunnels	
	S9	Bridge Deck Placement or Repair	
	S0	Marine Work	
	T	All Steel Bridges with Curved Girders or over 120 ft.	
	T1	Bridge Removal	
	T3	Erection of Fabricated Steel Members	
	T4	Welding	
	T5	Bearing Pads and Seals	
	T6	Expansion Dams	
	T7	Bridge Drainage	
	T8	Shear Studs, Metal Bridge Deck Forms	
	T9	Parapets	
	U	Pile Driving	
	U1	Caissons (Refer to Pub. 408, Section 1006.3 (k))	
	V	Field Steel Surface Preparation and Painting	
	V1	Shop Steel Painting	
	V2	Disposal of Bridge Waste/Containment/Worker Health and Safety	

List the states in which you are prequalified for highway construction work and applicable maximum capacity rating:

STATE

AMOUNT OF MAXIMUM CAPACITY RATING

The following questions also pertain to affiliates and subsidiaries

1. How many years has your organization been in business as a contractor under your present business name? _____
2. How many years of experience in highway construction work has your organization had?

3. List the construction experience of the officers and management personnel including superintendents of your organization.

INDIVIDUAL'S NAME	PRESENT POSITION OR TITLE	YEARS OF CONSTRUCTION EXPERIENCE	TYPE OF CONSTRUCTION WORK	IN WHAT POSITION

4. Has your company ever failed to complete any work awarded to you? _____
If so, give dates, projects and reasons therefore

5. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? _____
If so, state name of individual, other organization, dates, project, and reason therefore

6. Has any officer or partner of your organization ever failed to complete a construction contract handled in their own name? _____
If so, state name of individual, name of owner and reason therefore

7. Has your organization or an officer of your organization ever been denied prequalification in this state or any other state under this name or any other name? _____
If so, please indicate state(s), and explain reasons for denial

The following questions also pertain to affiliates and subsidiaries

8. Has your organization or an officer of your organization ever been disqualified or removed from a bidding list in this State or any other state, or from a Federal Government bidding list under this name or any other name? _____

If so, please indicate state(s) and/or Federal agency and explain reasons for denial.

9. List all affiliated or subsidiary organizations and companies.

Please complete information on Part 2, Page 6 if you are requesting prequalification approval for subsidiary organizations and/or companies.

10. List all organizations and individuals that have a financial interest of ten percent (10%) or more in your company.

11. List all persons having a financial interest in this organization and who also have a financial interest in another organization prequalified or eligible to bid in this state or any other state.

12. List any other organization or individual who controls or influences the bidding of this organization.

13. List contracts which will show the various types of work completed by your organization in the past 5 years. Complete below with filling out the following pages or attach your own spreadsheet.

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

13. List contracts which will show the various types of work completed by your organization in the past 5 years. Complete below with filling out the following pages or attach your own spreadsheet.

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

13. List contracts which will show the various types of work completed by your organization in the past 5 years. Complete below with filling out the following pages or attach your own spreadsheet.

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

13. List contracts which will show the various types of work completed by your organization in the past 5 years. Complete below with filling out the following pages or attach your own spreadsheet.

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

13. List contracts which will show the various types of work completed by your organization in the past 5 years. Complete below with filling out the following pages or attach your own spreadsheet.

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

13. List contracts which will show the various types of work completed by your organization in the past 5 years. Complete below with filling out the following pages or attach your own spreadsheet.

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

13. List contracts which will show the various types of work completed by your organization in the past 5 years. Complete below with filling out the following pages or attach your own spreadsheet.

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

13. List contracts which will show the various types of work completed by your organization in the past 5 years. Complete below with filling out the following pages or attach your own spreadsheet.

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND ADDRESS OF OWNER* *Address must be adequate to assure reply to inquiry and verification. Failure to receive reply will delay processing of application.	
NAME AND LOCATION OF PROJECT GIVE DETAIL DESCRIPTION OF WORK PERFORMED (Include e.g. quantities, lengths, miles, sizes, types, etc.)	
NAME AND ADDRESS OF PRIME CONTRACTOR If you were a subcontractor	
CONTRACT AMOUNT	(If subcontractor, indicate subcontracted amount)
Was contract completed on time?	If "NO" explain why under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any penalties imposed?	If "YES" give amount and explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO
Were there any liens, claims, or stop notices filed against job?	If "YES" explain under Number 15. <input type="checkbox"/> YES <input type="checkbox"/> NO

15. Explanation of details in connection with non-completion of contracts; penalties imposed; liens, claims and stop notices filed against contracts listed under No. 13.

16. Complete statement of misdemeanor convictions involving moral turpitude, convictions of bidding related crimes, and all felony convictions of the contractor, as well as the contractor's directors, principal officers and key employees.

17. Give any further or relevant, pertinent and material facts that will justify approval of the requested work classifications.

18. If you are a parent organization and desire to do business in Pennsylvania through branch offices, indicate below the official name and address of each branch. Also indicate a mailing address if different than the address listed on the Cover Sheet, Page 1.

NAME

ADDRESS

<hr/>	<hr/>

19. Act 89 of 2013 amended the State Highway Law to require certification for contractors who perform surface preparation and industrial coating application on steel structures in the field and for contractors who perform industrial hazardous paint removal in a field operation. Currently, these types of certifications are limited to the Society for Protective Coatings (SSPC) QP1 and QP2 Certifications. Please indicate the declaration that best describes your organization's status:

- My organization is QP1 Certified and evidence of the validity of this Certification is attached.
- My organization is QP1 and QP2 Certified and evidence of the validity of these Certifications is attached.
- My organization self-performs this type of work but is not QP1 Certified.
- My organization does not self-perform this type of work.

NOTARY PAGE

Date at _____ this _____
day of, _____, _____ (year).

(NAME OF ORGANIZATION)

(SIGNATURE AND TITLE OF PERSON SIGNING)

COUNTY OF _____

SS: _____

COMMONWEALTH / STATE OF _____

_____ being duly sworn, deposes and says that they are
(PRINT NAME)

_____ of
(TITLE)

(NAME OF ORGANIZATION)

and that the answers to the foregoing questions and all statements therein contained are true and correct.

Sworn to before me this

_____ day of _____, _____ (year)

(NOTARY SEAL)

(NOTARY PUBLIC)

MY COMMISSION EXPIRES



NEW PRIME CONTRACTOR APPLICATION

Mail To:
Bureau of Project Delivery
Attention: Prequalification Office
400 North Street - 7th Floor North
Harrisburg, PA 17120

PART 3 - AFFIRMATIVE ACTION STATEMENT

NOTE: All requested information must be submitted in the format displayed on this form. The Department will not accept any substitute submission of the requested information. This form must be completed in total.

Name of Company: _____

Equal Employment Policy Officer: _____

Date Submitted: _____

Business Partner Registration No.: _____

Act 89 of 2013 amended Section 303 of Title 74 of the Pennsylvania Consolidated Statutes to ensure that contracting entities maximize the participation of Diverse Businesses (DBs). All contractors that are certified as Disadvantaged Business Enterprises (DBEs) by the Pennsylvania Unified Certification Program (PA UCP) are also recognized as DBs. Other DBs include minority-owned businesses, women-owned businesses, veteran-owned small businesses, and service-disabled veteran-owned small businesses; but these DBs must be certified by an appropriate third-party certifying organization.

If your firm is recognized as a DB then check the following:

My organization is certified by one of the following, as recognized under Act 89 of Commonwealth of Pennsylvania:

- The National Minority Supplier Development Council
- The Women’s Business Development Enterprise National Council
- The Small Business Administration
- The Department of Veterans Affairs
- The Pennsylvania Unified Certification Program (PA UCP)

(Please attach proof of certification unless certified by PA UCP)

This section for PennDOT use only:

Accepted by: _____ (Signature/Title) _____ (Date)

Pursuant to the provisions of Executive Order 1996-8; Nondiscrimination Clauses; Pennsylvania Human Relations Act; Pennsylvania Department of Transportation, Chapter 457 Regulations (Prequalification); Civil Rights Act of 1964, as amended; Executive Order 11246, as amended; 23, USC, Sec 22 of Federal-aid Highway Act of 1968; and other related laws:

1. It is the policy of the _____ to ensure that applicants are employed and that employees are treated, during employment, without regard to their race, religion, gender, age, color, national origin and/or disability. Such action shall include: employment upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training.
2. _____ is the name of Contractor's Equal Employment Policy Officer.
3. It is hereby agreed, as part of this prequalification, that the following steps be taken to ensure equal opportunity in employment:
 - a. Require that all advertisements for personnel contain the notation "An Equal Opportunity Employer M/W" (Minority/Women) and that all advertisements be inserted in newspapers having a large general circulation in the area and among minority groups.
 - b. Utilize, direct and systematically recruit personnel through all public and private employee referral sources likely to yield qualified minority groups and women applicants, including but not limited to schools, colleges, minority groups, and women organizations. Establish and maintain a current list of minority and women recruitment sources, provide written notification to these recruitment sources and community organizations when the contractor or its unions have employment opportunities available; follow-up and maintain documentation of the organizations' responses.
 - c. Encourage current employees to refer minorities and women for employment.
4. Additionally, as part of this prequalification, it is further hereby agreed, that in order to ensure nondiscriminatory hiring, that the following steps have been taken:
 - a. All members of contractor's staff who are authorized to hire, supervise, promote, and discharge employees, or who recommend such action, or who are substantially involved in such action, will be made fully cognizant of, and will implement the company's Equal Employment Opportunity Policy and the Policy of the Department.
 - b. All work supervisors, personnel officers, company officers and other employees have been advised of our Equal Employment Opportunity Policy.
 - c. All labor unions and other recruitment sources will post a notice to be provided by the contracting agency setting forth the provisions of the Nondiscrimination Clause. The notice shall be posted in a conspicuous place that is accessible to employees, agents, applicants for employment, and other persons.

- d. Good faith efforts will be utilized with unions to develop programs to ensure qualified minorities and women have equal opportunity for employment and training.
- e. It is further agreed that good faith efforts will be utilized in conjunction with the labor unions, to obtain qualified minority and woman representation in all classifications on the job and in all phases of the work.
- f. The unions which represent our work force are: (If you are non-union, please indicate):

and it has been their policy to accept for membership, qualified personnel without regard to race, religion, color, sex, age or ethnic origin.

- 5. As part of this prequalification, we will make use of apprenticeship and/or other training programs in one or more of the following ways:
 - a. Continually assisting minorities and women to enter pre-apprenticeship and apprenticeship training programs,
 - b. Actively engage in efforts to increase the skills of minorities and women so that they may qualify for higher paying employment (upgrading),
 - c. Regularly participating in programs, such as union apprenticeships, that ensure equitable consideration of all applicants. Such as programs having been approved by the Bureau of Apprenticeship and Training of the United States Department of Labor, and/or the Pennsylvania Apprenticeship and Training Council.
 - d. We presently have apprenticeship or on-the-job training programs for the following skills and/or crafts: (If none, please state.)

6. Where the practices of a union, any training program or other source of recruitment will result in the exclusion of minorities and women, which prevents the contractor from being able to meet its obligation under the Contract Compliance Regulations issued by the Governor's Office of Administration, the United States Department of Labor, or this nondiscrimination clause, the contractor shall fill vacancies through other nondiscriminatory employment procedures.

7. Are you currently a recipient of contracts with the Commonwealth of PA in addition to PennDOT? If yes, please indicate agency (ies).

YES NO

8. Has any federal or state agency conducted an EEO compliance review of your firm within the past two years? If yes, please indicate agency (ies) and date(s).

YES NO

9. Has a Title VI and/or EEO complaint been filed against your firm?

YES NO

10. Is your firm currently under a conciliation agreement or corrective action plan for non-compliance with applicable Federal requirements?

YES NO

11. Does the contractor have a written Equal Opportunity Plan?

YES NO

12. It is also agreed that:

- a. When bids are being solicited, the contractor shall actively solicit bids from minority-disadvantaged and/or woman subcontractors.
- b. Officials will conduct systematic reviews in order to ensure that the company's EEO program is implemented.
- c. We shall physically include the provisions of the nondiscrimination clause(s) and all other applicable EEO Clauses in every subcontract, [i.e., FHWA 1273, Required Contract Provisions Federal-Aid Construction Contracts, (Revised May 1, 2012); Executive Order 11246, as Amended (Notice of Requirement For Affirmative Action To Ensure Equal Employment Opportunity); Item 1999-9999, Trainees Special Provisions Federal/State (As Applicable)]. All other Designated Special Provisions (DSPs) shall be included by reference so that such provisions will be binding upon each subcontractor.
- d. We will submit any required training program (if applicable), in accordance with established Department procedures and Items 1999-9999 or 1999-0000 Trainees/Special Training Provisions. Required Training Program, EO-363 will be submitted 10 days following the Notice to Proceed.

- 1) Submit an Initial Report (EO-364) for each trainee prior to filling any training position(s).
 - 2) Submit monthly Training Reports (EO-365) in a timely manner.
13. We will furnish all information and reports required by Federal and State Rules and Regulations, as well as permit access to contractor's employees, books, records and accounts by the Pennsylvania Department of Transportation and the Governor's Office of Administration, for purposes of investigation to ascertain compliance.
 14. We agree to notify all subcontractors, unions, vendors or suppliers of their responsibilities to comply with state and/or federal regulations.
 15. We agree to send to each subcontractor, union, and supplier of employees or materials the nondiscrimination clause.
 16. We agree not to use subcontractors, vendors or suppliers on State contracts who are reported to be in noncompliance or un-awardable by a State agency Contract Compliance Officer.

NOTARY PAGE

Date at _____ this _____
day of, _____, _____ (year).

(NAME OF ORGANIZATION)

(SIGNATURE AND TITLE OF PERSON SIGNING)

COUNTY OF _____

SS: _____

COMMONWEALTH / STATE OF _____

_____ being duly sworn, deposes and says that they are
(PRINT NAME)

_____ of
(TITLE)

(NAME OF ORGANIZATION)

and that the answers to the foregoing questions and all statements therein contained are true and correct.

Sworn to before me this

_____ day of _____, _____ (year)

(NOTARY SEAL)

(NOTARY PUBLIC)

MY COMMISSION EXPIRES