



# PRIME CONTRACTOR RENEWAL 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)  
**except as expressly set forth herein.**

## 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)

**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)



# PRIME CONTRACTOR RENEWAL 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: This is an abridged Part 2 for the purposes of renewing Prequalification; therefore, only Part 2, Pages 1, 9 (Question 19 only), and 10 are required to be submitted. By completing this form, the contractor declares that there are no changes in ownership, key personnel, or plant and equipment, or other information contained on the original pages 2 through 9. Otherwise, a complete Part 2 must be submitted.**

**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: \_\_\_\_\_

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



**PRIME CONTRACTOR  
RENEWAL 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)

**NOTE: This is an abridged Part 3 for the purposes of renewing Prequalification; therefore, only Part 2, Pages 1, 1a, and 6 are required to be submitted. By completing this form, the contractor declares that there are no changes to their Affirmative Action Plan of Officers. Otherwise, a complete Part 3 must be submitted. 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.**

**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