

SUBCONTRACTOR RENEWAL APPLICATION

Mail To:
Bureau of Design and 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 Contact Name (print): _____

Contact Name Email: _____

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.

UNSWORN DECLARATION

In accordance with Act 15 of 2020, which was signed into law on April 20, 2020 and allows for unsworn declarations, I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature: _____
(Authorized Signatory)

Date: _____
(MM/DD/YYYY)

Printed Name: _____
(Authorized Signatory)

Location: _____
(City/State/Country)

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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 Organization: _____

Equal Employment Opportunity Officer: _____

Equal Employment Opportunity Officer's Email: _____

Date Submitted: _____

Business Partner Registration No.: _____

In accordance with Section 303 of Title 74 of the Pennsylvania Consolidated Statutes, Section 303 ensures 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.

Is your organization recognized as a DB? ☐ Yes ☐ No

If your organization is certified by one of the following, as recognized under Title 74 of the Commonwealth of Pennsylvania, please select your organization's certification(s) and provide the Effective and Expiration dates.

- ☐ The National Minority Supplier Development Council (NMSDC)
Eff.: _____ Exp.: _____
- ☐ The Women's Business Development Enterprise National Council (WBENC)
Eff.: _____ Exp.: _____
- ☐ The Small Business Administration (SBA)
Eff.: _____ Exp.: _____
- ☐ The Small Business Administration (VetCert)
Eff.: _____ Exp.: _____
- ☐ The Pennsylvania Unified Certification Program (PA UCP)
Eff.: _____ Exp.: _____

(Please attach proof of certification)

NOTE: This is an abridged Part 3 for the purposes of renewing Prequalification; therefore, only Part 3, 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 Statement or 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.

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 – 104(e) of Federal-aid Highway Act of 1968; 16 PA Code Chapter 49 (Contract Compliance); 41 CFR 60-60.4; 23 CFR Title 23; and other related laws:

1. We, _____ will take affirmative action to ensure that applicants are employed, and that employees are treated, during employment, without regard to their race, religion, sex, sexual orientation, gender identity, 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.

The organization has reviewed and agrees to abide by the provisions, regulations, and other laws outlined above. ☐ Yes

2. _____ is the name of the organization's Equal Employment Opportunity Officer.
3. If there has been a change to your Equal Opportunity Plan since your last submission, attach your new Equal Opportunity Plan.

UNSWORN DECLARATION

In accordance with Act 15 of 2020, which was signed into law on April 20, 2020 and allows for unsworn declarations, I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature: _____
(Authorized Signatory)

Date: _____
(MM/DD/YYYY)

Printed Name: _____
(Authorized Signatory)

Location: _____
(City/State/Country)