



SUBCONTRACTOR 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



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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 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