

**RETURN TO:** Missouri Department of Transportation  
 Attn: Construction and Materials  
 1617 Missouri Blvd.  
 Jefferson City, MO 65102

Contractor Vendor No.   
 To be Assigned by MODOT

**MISSOURI HIGHWAY AND TRANSPORTATION COMMISSION**

**CONTRACTOR QUESTIONNAIRE**

- An Individual
- A Partnership
- A Corporation
- A Joint Venture
- A Limited Liability Corp.
- A Limited Liability Partnership

\_\_\_\_\_ Legal Name of the Corporation, Firm or Individual Contractor

\_\_\_\_\_ Fictitious Name, etc. - Name under which you wish to bid (as registered with the Missouri Secretary of State)

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE: If the zip code for the street address is different than the P.O. Box zip code, please indicate above.**

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please list a contact person and/or e-mail address: \_\_\_\_\_

This organization has \_\_\_\_\_ years experience as a general contractor and/or \_\_\_\_\_ years experience as a subcontractor in the heavy and highway construction field.

This organization has completed or contracted to complete the following projects within the last three years. (Attach additional sheets as needed.)

Contract Amount	Type of Work	When Completed	Location City and State	Project Owner's Name and Address

Listed below are all the officers, owners and directors of this firm, their present position, and their construction experience. (Attach additional sheets as needed.)

Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work	In What Capacity

CONTRACTOR QUESTIONNAIRE

Do any of the people listed above:

(a) Perform a management or supervisory function for any other business?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes list below)

Name Title Company Name & Function

(b) Work for or own other firms which have a business relationship with your firm?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes list below)

Name Title Company Name & Function

If a Corporation, attach a copy of the organization's current Annual Registration Report, or initial report if a new Corporation, on file with the Corporation Division of the Missouri Secretary of State's Office. Each Corporation which is a party to a joint venture shall submit the same required report with its joint venture contractor questionnaire. If applicable, attach a certified copy of the fictitious name registration with the Missouri Secretary of State.

If this firm or any of the above individuals have been debarred or restricted from bidding by any state or federal organization check here [ ] and attach details.

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This firm will comply with all written requests by the Missouri Department of Labor and Industrial Relations, Division of Labor Standards, to provide information for the purpose of establishing a prevailing wage.

Signature(s) \_\_\_\_\_

(If partnership all partners must sign)

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AFFIDAVIT

\_\_\_\_\_, being duly sworn stated that (s)he is \_\_\_\_\_

(Typed or Printed Officer's Name)

(Title of Officer)

of \_\_\_\_\_ and that all statements on this form and attachments thereto are true and correct.

(Name of firm)

Signature of Officer

Subscribed and sworn to before me by \_\_\_\_\_, who personally appeared before me and is known to me to be the person described in and who executed the foregoing affidavit, and acknowledged that (circle one) he or she executed the same as (circle one) his or her free act and deed.

IN WITNESS WHEREOF I have hereto set my hand and affixed my official seal at my office in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature

Seal of Notary Public

Typed or Printed Name of Notary Public

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_