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

Revision Date: 08/15/2003

Missouri Highway and Transportation Commission PREQUALIFICATION CONTRACTOR QUESTIONNAIRE

Fictitious Name under which you wish to bid (if Registered with the Missouri Secretary of State) A Li P.O Box City & State Zip of Street Address (If different from P.O. Box:) City & State Zip of Telephone No Date Submitted Zip of Telephone No Date Submitted Contact person: Charter No. for State of Missouri Contact person: Charter No. for State of Missouri Charter No. for State of Missouri His firm or organization) performed any work as a contractor or subcontractor for the Missouri His firm or organization) performed any work as a contractor or subcontractor for the Missouri His firm or Ommission, the Missouri Highway and Transportation Department, or the Missouri Department in the last five (5) years? Yes No If yes, give complete details, descriptions and dates on additional sheets as needed. This firm or organization has years experience as a general contractor and/or subcontractor in the heavy and highway construction field. Has your firm or organization ever failed to complete any work awarded to you? Yes If so, where and why? (Attach additional sheets as needed.) Yes If so, where and why? (Attach additional sheets as needed.)	 An Individual A Partnership A Corporation A Joint Venture A Limited Liability Corp. 	
Street Address	mited Liability Partnership	
Telephone No Date Submitted Zip Telephone No Date Submitted Date Submitted Fax No E-Mail Address Contact person: Charter No. for State of Missouri Has this firm or organization (or in the case of a partnership or joint venture, has any contractor within the firm or organization) performed any work as a contractor or subcontractor for the Missouri High Commission, the Missouri Highway and Transportation Department, or the Missouri Department in the last five (5) years? Yes No If yes, give complete details, descriptions and dates on additional sheets as needed. This firm or organization has years experience as a general contractor and/or subcontractor in the heavy and highway construction field. Has your firm or organization ever failed to complete any work awarded to you? Yes No Yes No Yes No Yes No Yes	Code	
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	years as a	
Has your firm or organization ever failed to complete any work in a timely manner? Yes If so, where and why? (Attach additional sheets as needed.)		
Type(s) of work on which your firm or organization desires to be prequalified: Earthwork Bituminous Pavement Portland Cement Concrete Pa Bridges, Culverts, and other Similar Structures All other (Explain):		

This organization has completed the following similar projects for the type(s) of work designated within the last five 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 the organization's current projects in progress, including the value of projects not yet completed and their completion dates. (Attach additional sheets as needed.)

Contract Amount	Type of Work	Estimated Completion Date	Percent Complete	Location City and State	Project Owner's Name and Address

Listed below are the organization's construction experience of personnel performing the type(s) of work designated. (Attach additional sheets as needed.)

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

Listed below is the organization's equipment available for the type(s) of work designated. (Attach additional sheets as needed.)

Number of Units	Description				Specify: Leased, Owned or Available for Lease	
	the officers, owners and their construction exp				an 5% ownership, their	
Name	Present Position	% of Owner- ship	Years of Const. Exp.	Magnitude And Type of Wor	In What K Capacity	
6.1		l	1 1		I	
(a) Perform a r	nsted above: nanagement or superviso	ry function for a	ny other busin	ess?		
	No (If yes, list			•55.		
<u>Name</u>		<u>Title</u>		Busines	ss Name & Function	
(b) Work for or	r other firms that have a l	ousiness relations	ship with your	firm?		
Yes	No (If yes, list					
<u>Name</u>		<u>Title</u>		Busines	ss Name & Function	

Listed below is a Missouri resident designated by this organization as its agent for the receipt of legal process.				
Complete Name, Street and Mailing Address, and Telephone Number				
Please read the following paragraphs and attach the listed documents to the completed questionnaire.				
Attach current insurance coverage, including comprehensive general liability, worker's compensation and automobile/vehicular coverage. If this coverage does not meet all requirements of a contractor under Sec. 107 of the Missouri Standard Specifications for Highway Construction, then both the contractor organization and its insurance company or broker shall submit notarized statements that the contractor is able to and shall obtain the required types and amounts of insurance, with the required endorsements, prior to commencing work if the contractor is awarded a Missouri state highway project contract.				
If the organization's Bonding Company is not listed in the current "United States Department of the Treasury, Fiscal Service, Department Circular 570, Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies", attach the most recent complete audit of that Bonding Company. If the bonding company is so listed, at a minimum attach the complete balance sheets from the last audit of that bonding company.				
Attach a signed and notarized writing from the organization's surety bonding company or broker, stating the type(s) of highway projects for which that company or broker will issue a performance and payment bond in an amount in excess of two million dollars (\$2,000,000) to cover the highway project work and debts of the organization.				
If a corporation, attach a copy of the organization's current annual registration report, the organization must have a "Good Standing" status 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. is also required to have a "Good Standing" status. See Sec 102 of the Missouri Standard Specifications for Highway Construction. If applicable, provide a certified copy of the fictitious name registration your fictitious name must be that you have on file with the Missouri Secretary of State's Office.				
**** If this firm or any of the listed individuals is now or has been debarred, suspended or restricted from bidding by any state or federal agency or official, check here and attach details on additional sheets as needed.				
**** 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)				
Signature Required (If partnership, all partners must sign)				

Affidavit

,	being duly sworn stated th	at (circle one) she or he is
(Typed or printed Officer's name)		(Title of Officer)
of	, tl	hat (circle one) she or he has read and understands the
(Name of Firm)		
requirements of Section 227.105, RSMo S	Supp. 1996, and Rule 7 CS	R 10-15-010, "Prequalification to Bid of Certain Contractors",
that (s)he is authorized to execute this doc	ument on behalf of this fir	rm, and that all statements on this form and attachments thereto
are true, correct and complete.		
		Signature of the Officer
Subscribed and sworn to before n	ne by	
who personally appeared before me and is	known to me to be the per	rson described in and who executed the foregoing affidavit, and
acknowledged that (circle one) she or he	avaguted the same as (sin	ole and have on his free act and dood
acknowledged that (circle one) she of he	executed the same as (eire	the one) her or his free act and deed.
IN WITNESS WHEREOF I have	e hereto set my hand and a	ffixed my official seal at my office in
	-	
, this	day of	20
		Notary Public Signature
		Typed or Printed Name of Notary Public
Seal of Notary Public		
Totaly Lubic		
My commission expires	,	20