

**GENERAL INFORMATION AND INSTRUCTIONS
FOR FILING PREQUALIFICATION STATEMENTS**

Your attention is directed to the “Regulations Governing Classification and Rating of Prospective Bidders.”

This form should be prepared in duplicate, the original with other pertinent papers should be submitted to the Department of Conservation and Recreation, 251 Causeway Street, Suite 600, Boston, MA 02114, and a copy retained by the applicant. Forms may be separated to facilitate preparation, but must be stapled together when submitted. If space is insufficient on the forms, insert additional sheets of similar size.

ALL ANSWERS AND ENTRIES MUST BE SPECIFIC AND COMPLETE IN EVERY DETAIL and except for signatures, should be typed or printed in black ink. Do not cross out headings or instructions. If the headings or requirements do not conform to your operations and methods, explain by an accompanying letter or insert. Equipment should be listed separately by equipment types, such as a scraper, roller, shovels, etc.

The financial data must be examined by a Certified Public Accountant or Public Accountant (St. 1974 c. 560 Approved 18 July 1974). His examination of any books and records of the concern should be sufficient to enable him to execute the Certificate of Accountant form on page 15 with modification. The Certificate of Accountant form must be completed if a rating of \$50,000 or more is desired.

The Signatory of the Prequalification Statement guarantees, as evidenced by the notarized statement herein required the truth and accuracy of all statements and all answers to interrogatories hereinafter made.

The completed Prequalification Statement shall be exclusive property of the Prospective Bidder and as such shall not constitute a portion of the records of the Agency and shall not be open to public inspection. Submission to the Agency of the data required herein is for the express purpose of establishing prequalification ratings, in order to become eligible to obtain proposal forms upon which to submit bids.

If the prospective bidder intends to bid on work involving Federal Funds, he will be required to fill out the forms entitled “Special Authorization For Work Involving Federal Funds,” giving his consent for the Bureau of Public Roads personnel to review at the office of the Department of Conservation and Recreation, the information in the Prequalification Statement.

FINANCIAL DATA should be rounded to the nearest dollar.

WORK PREFERENCE

In the following tabulations indicate the class or classes of work in which you or your organization are experienced for which you desire to be qualified.

Mark with an X

1. GENERAL HIGHWAY CONSTRUCTION	
2. GRADING AND DRAINAGE	
3. SURFACING: (A) BITUMINOUS -----	
(B) CEMENT -----	
4. BRIDGES: (A) STEEL SUPERSTRUCTURES -----	
(B) SUB-STRUCTURES -----	
(C) CONCRETE STRUCTURES -----	
(D) DECK REHABILITATION -----	
5. WATERWAYS	
6. SEWER CONSTRUCTION	
7. WATER SUPPLY CONSTRUCTION	
8. RECREATIONAL FACILITIES	
9. OTHER – (PLEASE SELECT FROM THE SUB-CATEGORY LIST ON THE REVERSE SIDE, ALL CATEGORIES THAT APPLY TO YOUR COMPANY)	

LIST OF SUB-CATEGORIES AVAILABLE UNDER NO. 9 - OTHER

	BRIDGE MECHANICAL
	CONCRETE WORK AND REPAIRS
	DAM CONSTRUCTION
	DEMOLITION
	DIVING SERVICES (INCLUDING UNDERWATER CONSTRUCTION & UNDERWATER CONCRETE STRUCTURES)
	DREDGING
	ELECTRICAL - ALL TYPES (INCLUDING ELECTRICAL MAINTENANCE)
	FENCING & GUARDRAIL
	GROUTING
	HAZARDOUS WASTE REMOVAL
	HAZARDOUS WASTE REMOVAL & TRANSPORTATION
	HYDRAULIC FLUID POWER SYSTEM
	LANDSCAPING (INCLUDING TREE PLANTING)
	LIGHTING – ALL TYPES (INCLUDING HIGHWAY LIGHTING & STREET LIGHTING)
	MARINE CONSTRUCTION
	MASONRY
	MECHANICAL
	PAINTING - ALL TYPES
	PAINTING & SANDBLASTING - ALL TYPES (INCLUDING BRIDGE PAINTING)
	PAVEMENT MARKINGS
	PILE DRIVING
	PUMPING STATION
	ROADSIDE DEVELOPMENT (INCLUDING CURBING & SIDEWALKS)
	SALT MARSH AND WETLAND RESTORATION
	SIGNAGE (INCLUDING HIGHWAY SIGNS)
	SITE DEVELOPMENT (INCLUDING SITE PREPARATION & SITE WORK)
	SITE PREPARATION
	SITE WORK
	TRAFFIC ATTENUATORS (CRASH CUSHIONS)
	TRAFFIC SIGNALS
	TRAFFIC SIGNALS (INCLUDING MAINTENANCE)
	TREE MAINTENANCE & REMOVAL
	UNDERGROUND FUEL STORAGE SYSTEMS, REMOVAL, INSTALLATION
	UTILITIES

EXPERIENCE QUESTIONNAIRE

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

1. How many years has your organization been in business as a general contractor under your present name?
2. How many years experience in public works has your organization had as a General Contractor? _____
As a Sub? _____
3. List below the major projects of the type of work you wish to bid on that your organization has completed within the past five years.

<i>CONTRACT AMOUNT</i>	<i>CLASS OF WORK</i>	<i>WHEN COMPLETED</i>	<i>LOCATION</i>	<i>NAME AND ADDRESS OF OWNER</i>

4. Have you ever failed to complete any work awarded to you? _____
If so, where and why? _____

5. Has any officer or partner of your organization ever been an officer or partner of some other organization, reason therefore and bonding company?

6. Has any officer or partner of your organization ever failed to complete a contract handled in his/her own name? _____ If so, state name of individual, name of owner, reason therefore and bonding company.

7. In what other line(s) of business are you financially interested?

8. With what person (or persons) have you been associated as a business partner or otherwise during the past five (5) years?

9. Did you complete your last three (3) contracts on time?

If not, why?

10. What is the construction experience of the principal officers of your organization? If the principal officers are lacking in construction experience, list the individuals who will be your project manager and field superintendent on the proposed work in Massachusetts.

<i>NAMES OF INDIVIDUALS</i>	<i>PRESENT POSITION OF OFFICER</i>	<i>YEARS OF CONSTRUCTION EXPERIENCE</i>	<i>PROJECT MAGNITUDE</i>	<i>SERVED IN WHAT CAPACITY</i>

ADDITIONAL SHEETS

**LIST ALL CONSTRUCTION PROJECTS YOUR ORGANIZATION HAS COMPLETED
IN THE PAST FIVE YEARS OR YOUR TWENTY PROJECTS MOST RECENTLY COMPLETED.**

PROJECT: _____

TITLE: _____

LOCATION: _____

CONTACT PERSON: _____ TELEPHONE NO.: _____

GENERAL/SUB CONTRACTOR: _____ CONTRACT AMOUNT: _____

OWNER: _____ ADDRESS: _____

START/END DATE: _____ Did you meet the deadline? _____
(Month and Year)

COMPLAINTS RE: Quality of Workmanship? _____

COMPLAINTS RE: Mgmt. of Coordination? _____

Please attach a separate sheet explaining any negative entry on the above three (3) questions.

PROJECT: _____

TITLE: _____

LOCATION: _____

CONTACT PERSON: _____ TELEPHONE NO.: _____

GENERAL/SUB CONTRACTOR: _____ CONTRACT AMOUNT: _____

OWNER: _____ ADDRESS: _____

START/END DATE: _____ Did you meet the deadline? _____
(Month and Year)

COMPLAINTS RE: Quality of Workmanship? _____

COMPLAINTS RE: Management of Coordination? _____

Please attach a separate sheet explaining any negative entry on the above three (3) questions.

CONTRACTORS FINANCIAL STATEMENT

CONDITION AT CLOSE OF BUSINESS ON _____

20

<u>ITEM</u>	<u>ASSETS</u>	<u>COMPANY NAME:</u>
1.	CASH	\$ _____
2.	NOTES RECEIVABLE - Not overdue	\$ _____
3.	ACCOUNTS RECEIVABLE FROM COMPLETED CONTRACTS	\$ _____
4.	ACCOUNTS RECEIVABLE FROM UNCOMPLETED CONTRACTS	
	(A) Amount receivable after deducting retainage	\$ _____
	(B) Retainage to date, due upon completion of contract	\$ _____
5.	ACCOUNTS RECEIVABLE FROM SOURCES OTHER THAN CONSTRUCTION CONTRACTS	\$ _____
6.	DEPOSITS FOR BIDS OR OTHER GUARANTEES	\$ _____
7.	UNBILLED WORK IN PROGRESS	\$ _____
8.	REAL ESTATE: (A) Used for business purposes	\$ _____
	(B) Not used for business purposes	\$ _____
9.	STOCKS/BONDS	\$ _____
10.	MATERIALS IN STOCK and/or STOCKPILED- NOT INCLUDED IN ITEMS 4 or 7...	\$ _____
11.	EQUIPMENT AND FIXTURES AT COST LESS DEPRECIATION	\$ _____
12.	FURNITURE & FIXTURES	\$ _____
13.	OTHER ASSETS	\$ _____

TOTAL ASSETS: \$ _____

LIABILITIES & CAPITAL

14.	NOTES PAYABLE	\$ _____
15.	ACCOUNTS PAYABLE	\$ _____
16.	REAL ESTATE ENCUMBRANCES	\$ _____
17.	OTHER LIABILITIES	\$ _____
18.	DEFERRED FEDERAL AND STATE INCOME TAX	\$ _____
19.	CAPITAL STOCK (A) Common	\$ _____
	(B) Preferred	\$ _____
20.	NET WORTH	\$ _____

TOTAL LIABILITIES: \$ _____

CONTINGENT LIABILITIES

Attach a schedule. If none, state so.

The amount shown as "Total Assets" and "Total Liabilities and Capital" must be identified.

DETAILS RELATIVE TO ASSETS

1. CASH (A) On hand \$ _____
 (B) Deposited in Bank Accounts Below \$ _____
 (C) Restricted funds (explain contingencies) \$ _____

Name of Bank	Deposited in the Name of	Amount

2. NOTES RECEIVABLE (A) Due within 90 Days \$ _____
 (B) Due after 90 Days, within 1 year \$ _____
 (C) Balance \$ _____

Receivable from: Name & Addresses	For What	Date of Maturity	Amount

Have any of the above been discounted or sold? If so, state amount, to whom and why. _____

3. ACCOUNTS RECEIVABLE FROM COMPLETED CONTRACTS: (Exclusive of claims not approved for payment)

Name & Address of Owners	Nature of Contract	Amount of Contract	Accounts Receivable

Sub-Total: \$ _____
 Less allowance for uncollectible receivables: \$ _____
 Total: \$ _____

Have any of the above been assigned, sold, or pledged? If so, state the amount, to whom and why. _____

4. ACCOUNTS RECEIVABLES FROM UNCOMPLETED CONTRACTS (Exclusive or unrequisioned work)

- (A) Amount receivable after deducting retainage \$ _____
 (B) Retainage to date due upon completion of contracts \$ _____

Designation of Contract	Amount of Contract	Amount Earned	Gross Profit	Retainage	Amount Receivable

Sub-Total: \$ _____
 Less allowance for uncollectible receivables: \$ _____
 Total: \$ _____

Have any of the above been assigned, sold, or pledged? If so, state to whom and why. _____

DETAILS RELATIVE TO ASSETS (continued)

5. ACCOUNTS RECEIVABLE FROM SOURCES OTHER THAN CONSTRUCTION

ACCOUNTS RECEIVABLE FROM Name and Address	FOR WHAT	WHEN DUE	AMOUNT

Sub-Total: \$ _____
 Less allowance for uncollectible receivables: \$ _____
 Total: \$ _____

6. DEPOSITS WITH BIDS OR GUARANTEES

\$ _____

DEPOSITED WITH: Name and Address	FOR WHAT	WHEN RECOVERABLE	AMOUNT

7. UNBILLED WORK IN PROGRESS (List contract # if Mass DCR) _____

(Itemize in detail)

8. REAL ESTATE

A - Used in Business, at book value \$ _____
 B - Not Used for Business, at book value \$ _____

DESCRIPTION OF PROPERTY	LOCATION	OWNER OF RECORD
1.		
2.		
3.		
4.		

ASSESSED VALUE

BOOK VALUE

AMOUNT OF ENCUMBRANCES

(Itemize in detail)

1. _____
2. _____
3. _____

List separately each item amounting to 5% or more of the total. Combine the remainder and so indicate.

DETAILS RELATIVE TO ASSETS (continued)

9. STOCKS & BONDS

\$ _____

NO. OF SHARES	ISSUING COMPANY	MARKETABLE		OTHER	
		COST	MKT. VALUE	COST	VALUE

Attach supporting data

Total Value: \$ _____

WHO HAS POSSESSION	IF ANY ARE PLEDGED OR IN ESCROW, STATE AMOUNT, FOR WHOM AND WHY	AMOUNT PLEDGED OR IN ESCROW

10. MATERIALS IN STOCK AND STOCKPILED NOT INCLUDED IN ITEMS #4 OR #7

\$ _____

DESCRIPTION OF MATERIALS	QUANTITY	THE LOWER COST OR MARKET VALUE

11. EQUIPMENT SCHEDULE (at cost less depreciation)

\$ _____

EQUIPMENT DESCRIPTION	SIZE OR CAPACITY	YEAR MFG.	YEAR PURCHASED	PURCHASE PRICE	ACCUMULATED DEPRECIATION	COST LESS DEPRECIATION

Please show MAKE, MODEL NO. & SERIAL NO. and how equipped. A separate sheet may be attached.

DETAILS RELATIVE TO ASSETS (continued)

17. OTHER LIABILITIES \$ _____

FEDERAL INCOME TAX _____

STATE TAXES - INCOME, CORPORATE, EXCISE, ETC. _____

18. DEFERRED FEDERAL AND STATE INCOME TAXES \$ _____

19. CAPITAL STOCK PAID UP A – COMMON \$ _____

 B – PREFERRED \$ _____

20. NET WORTH \$ _____

RETAINED EARNINGS: _____

PARTNER'S or PROPRIETOR'S CAPITAL: _____

OTHER CAPITAL: _____

CONDENSED INCOME STATEMENT

	LATEST FISCAL YEAR	INTERIM PERIOD IF BALANCE SHEET IS FOR OTHER THAN FISCAL YEAR
CONTRACT REVENUE		
CONTRACT COST		
GROSS PROFIT ON CONTRACTS		
OTHER INCOME		
OPERATING AND OTHER EXPENSES		
OPERATING PROFITS		
FEDERAL INCOME TAX		
NET PROFIT (LOSS)		

A separate income statement may be attached. Use tax year if it differs from Fiscal Year.

Earned surplus per Federal Income Tax
Return at latest year end:
Date: _____

\$ _____

Net operating loss available after
latest year end:
Date: _____

\$ _____

Methods of accounting for profits on
uncompleted contracts:

A) On this statement: _____

B) On Federal Income Tax Statement:

PLEASE ATTACH NOTES TO FINANCIAL STATEMENT

CERTIFICATE OF ACCOUNTANT

If a rating of \$50,000 or more is desired, the following form of Certificate must be executed, without modification, by a Certified Public Accountant or Public Accountant.

_____ have examined the financial statement and related supporting data on page 6-14, inclusive of the Prequalification Statement of _____ as of _____, 20____. _____ examination was made in accordance with generally accepted auditing procedures as _____ considered necessary in the circumstances.

In _____ opinion, said financial statement and related supporting data present fairly the financial condition of _____ 20 _____, and the results of its operations for _____ in conformity with general accepted accounting principles applied on a basis consistent with that of the preceding year.

FISCAL YEAR END: _____

Address of Certified Public Accountant

Certified Public Accountant (C.P.A.)

Telephone Number of C.P.A.

State Certificate #

Date

Type or Print Name

Print firm name of C.P.A.

NOTE: Qualifications regarding the Balance Sheet are not acceptable; however, the certificate may be expanded regarding the _____ of income statement.

If a Corporation, answer this:

If Non-Corporation, answer this:

Capital paid in cash \$ _____

Date of Organization _____

When Incorporated _____

State type of entity _____

In what State _____

Name & Address of each partner or Officer:

President's Name _____

Vice President's Name _____

Secretary's Name _____

Treasurer's Name _____

AFFIDAVIT FOR AN INDIVIDUAL

State of _____

County of _____

_____ being duly sworn, deposes and sates that the foregoing

(Name of Individual)

financial statement, taken from his books, is a true and accurate statement of his financial condition as of

_____ and that all statements and answers to all questions herein contained are true;

(Date)

that this statement is for the express purpose of inducing the party to whom it is submitted to approve a Certificate of Prequalification and any depository vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

Sworn in before me this _____ day of _____, 20 _____.

(Notary Public)

(Individual's Signature)

My Commission expires:

AFFIDAVIT FOR A CORPORATION

State of _____

County of _____

_____ being duly sworn, deposes and states that he is

(Name of Officer)

_____ of the

(Title of Officer)

_____ of the
(Name of Corporation)

corporation described in, and which executed the foregoing statement; that he is familiar with the books of 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 _____ and that all statements and the answers to all questions herein contained are true; that this statement is for the express purpose of inducing the party to whom it is submitted to approve a Certificate of Prequalification and any depository vendor other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

Sworn in before me, this _____ day of _____, 20 _____.

(Notary Public)

(Name of Corporation)

(Officer must sign here)

My Commission expires:

AFFIX CORPORATE SEAL

AFFIDAVIT FOR A JOINT VENTURE

State of _____

County of _____

We the undersigned Contractors being duly sworn deposes and state that we are members of the firms of _____.

That we are familiar with the books of the said firms:

(Names of Joint Venturers)

showing their financial condition; that the foregoing financial statement taken from the books of the said firms is a true and accurate statement of the financial condition of the said firms as of _____

(Date)

and that all statements and answers to all questions herein contained are true and that this statement is for the express purpose of inducing the party to whom it is submitted to approve a Certificate of Prequalification and any depository vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

Name of Contracting Firm

Name of Person

Official Title

_____ By: _____

_____ By: _____

_____ By: _____

(Officer of each firm must sign here)

Sworn in before me this _____ day of _____, 20 _____.

(Notary Public)

My Commission expires on:

AFFIX CORPORATE SEAL
