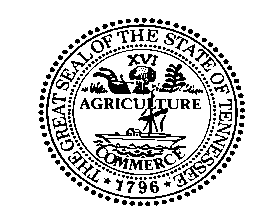
**STATE OF TENNESSEE**

**DEPARTMENT OF TRANSPORTATION**

**Nashville, Tennessee**



**PREQUALIFICATION**

**QUESTIONNAIRE**

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| --- | --- |
| **(Begin Date Last Fiscal Year) (End Date Last Fiscal Year)** | |
| **By** |  |
|  | **Legal Business Name as Registered with Tennessee Secretary of State (if applicable)** |
| **An Individual  A Corporation  A Limited Liability Company** | |
| **A General Partnership  A Limited Liability Partnership  A Limited Partnership** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Street Address** |  | | | | | | |
| **City** |  | | **State** |  | | **Zip Code** |  |
| **Telephone** |  | | **Fax Number** | |  | | |
| **E-mail Address** |  | | | | | | |
| **Tennessee Contractors License No.** | |  | | | | | |
| **Tennessee Secretary of State Registration Control No.** | |  | | | | | |

**NOTE: INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS NOT CONFIDENTIAL**

**THE QUESTIONNAIRE MUST BE COMPLETED IN FULL**

**DO NOT OMIT ANY PAGES FROM THE QUESTIONNAIRE**

**REV: NOVEMBER 2021**

**Submitted as required by the State of Tennessee, Department of Transportation,**

**under the provisions of Section 54-5-117, Tennessee Code Annotated, and Tennessee Department of Transportation Rule 1680-5-3, Prequalification of Contractors.**

**INSTRUCTIONS TO APPLICANTS FOR PREQUALIFICATION**

**1. Any individual or organization that wishes to bid on a Department contract or to be approved as a subcontractor under any contract awarded by the Department must be prequalified by the Department.**

**2. As a prospective bidder or subcontractor you shall make yourself familiar with the Department’s rules for the prequalification of contractors (Chapter 1680-5-3), which may be obtained from the TDOT Construction Division by calling (615) 741-2414 or reviewed online at** [**https://www.tn.gov/content/dam/tn/tdot/documents/Ch\_1680-5-3\_Final\_Rule.pdf**](https://www.tn.gov/content/dam/tn/tdot/documents/Ch_1680-5-3_Final_Rule.pdf)**.**

1. **An application for prequalification must be filed on the Department’s Prequalification Questionnaire form. The Prequalification Questionnaire must be completed and submitted annually. Supplemental information may be required at the discretion of the Department.**

**4. This Prequalification Questionnaire must be filled out completely, and the truth and accuracy of the information provided must be certified by a sworn affidavit signed by an officer, partner, owner or other authorized representative of the applicant who has authority to sign contracts or other legal documents on behalf of the applicant. On the appropriate Questionnaire provided, the applicant signatures and sworn affidavit may be completed and digitally signed, or a completed Questionnaire may be printed and signed, scanned and submitted be email.**

**5. The Prequalification Questionnaire must be filed with the Department at least fourteen (14) days prior to the date of any letting in which the applicant wishes to submit a bid to the Department, or at least fourteen (14) days prior to the date on which the applicant requests approval as a subcontractor under a contract awarded by the Department.**

**6. You are required to notify the Department if there is any subsequent change in the name, organization or contact information provided on the front page of this Questionnaire or if there is a subsequent change in the information provided in response to Questions 7 through 10 of this Questionnaire. (See TDOT Rule 1680-5-3-.04(4) for additional information on this requirement.)**

1. **Prequalification with the Department, if approved, is effective for a period of one year, plus a three-month grace period, beginning with the Fiscal Year End date shown on the front page of this Questionnaire. A new Prequalification Questionnaire may be filed at any time.**

**8. All questions in this Prequalification Questionnaire must be answered. Attachments are permissible to any page where there is not enough space provided.**

**9. To avoid delay, be sure that all information is provided and that all signatures are affixed and notarized where indicated. No questionnaire will be approved if any required signature or notary seal is omitted.**

**10. To apply, submit the completed Questionnaire to the Prequalification Office. The Department encourages Electronic Mailing to the address:** [**TDOT.Prequals@TN.Gov**](mailto:TDOT.Prequals@TN.Gov)**. Or submit by hand delivery, certified mail, or overnight mail to the following address:**

**Tennessee Department of Transportation**

**Construction Division, Prequalification Office**

**505 Deaderick Street**

**Suite 700, James K. Polk Building**

**Nashville, TN 37243-1402**

**11. It is recommended that you keep a copy of this completed form for your records.**

**PLEASE NOTE: The Board for Licensing Contractors is not a part of this Department and its licensing requirements are separate from this Department’s prequalification requirements.**

**ADDITIONAL INFORMATION**

1. **The Department reserves the right to request additional information and documentation to clarify and/or verify any information submitted in an applicant’s prequalification application.**
2. **The Department reserves the right to request an audited financial statement, documentation of its maximum bonding capacity, or other financial information for the Department’s Prequalification Office to consider.**
3. **Additional information and/or documents requested by the Department or offered by the applicant will not be considered confidential except to the extent authorized or required by law.**

**GENERAL QUESTIONNAIRE**

1. **How many years has your organization been in business as a contractor under your present**

**business name?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. How many years of experience in construction work has your organization had?**

**A. As a Prime Contractor** **B. As a Subcontractor** **\_**

**(Question 3 is voluntary)**

**3. a. Is your organization a minority owned or minority controlled business?**

**yes  no**

**b. What is the race of the majority owner?**

**Caucasian  African American  Hispanic**

**Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c. What is the gender of the majority owner?**

**male  female**

**4. Identify your firm’s gross annual receipts for most recent fiscal year (check appropriate range) :**

**$0 - $500,000**  **$5,000,000 - $10,000,000  $500,000 - $1,000,000**  **$10,000,000 -$20,000,000**

**$1,000,000 - $2,000,000**  **$20,000,000 - $50,000,000**

**$2,000,000 - $5,000,000  $50,000,000 and greater**

**5. Give the names and addresses of all surety bonding companies and agencies which have written surety bonds for you covering construction contracts during the last three (3) years.**

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**Name of Bonding Company**

**Name of Agent**

**Agent Street Address**

**Agent City, State and Zip**

**Name of Bonding Company**

**Names of Agent**

**Agent Street Address**

**Agent City, State and Zip**

**6. Give the name, address and phone number of the person responsible for completing this Questionnaire.**

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**AUTHORIZED SIGNATURES**

1. **Please provide the names and addresses of all individuals within your organization who are authorized to sign bid proposals and contracts on behalf of your firm. In the event any of these individuals is an officer, general partner or authorized representative of, or owns 10% or more of any other firm that is prequalified, or which has applied for prequalification, with the Department, please identify the affiliation or involvement with these other firms. The executed signature must be identical to signatures on future bid proposals submitted to the Department.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |
|  |  |  |  |  |  |
| **B.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |
|  |  |  |  |  |  |
| **C.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |

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| **D.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |
|  |  |  |  |  |  |
| **E.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |
|  |  |  |  |  |  |
| **F.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |
|  |  |  |  |  |  |
| **G.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |

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| **H.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |
|  |  |  |  |  |  |
| **I.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |
|  |  |  |  |  |  |
| **J.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |
|  |  |  |  |  |  |
| **K.** |  |  |  |  | |
|  | **Print Name** | **Signature** | **Position In Firm** | **Address** | |
|  | **yes  no** |  |  |  |  |
|  | **Involved in Another Firm?** |  | **Name of Other Firm** | **Position Held In Other Firm** | **Financial Interest in Other Firm** |

**If additional space is needed, please make attachments to this page.**

**OFFICERS, PARTNERS AND OWNERS**

1. **In the table below, please provide the names and addresses of all officers of your firm (if any), all individuals or organizations that are general partners in your firm (if any), and all individuals or organizations that own 10% or more of your firm.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS \*** | **POSITION/OFFICE** | **% OWNERSHIP** |
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**\* Only if different from the address of the Applicant.**

**If additional space is needed, please make attachments to this page.**

**AFFILIATES**

1. **Use the table below to identify all affiliates of your firm.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Affiliate’s Name** | **Address** | **Percent Ownership** | **Affiliate’s Type of Work** | **Affiliate’s Relationship to Applicant** |
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**If additional space is needed, please make attachments to this page.**

**BUSINESS RELATIONSHIPS OF OFFICERS, PARTNERS AND OWNERS**

1. **For each officer, general partner, and owner of your firm identified in response to Question 8 of this Questionnaire, use the table below to identify whether such officer, general partner, or owner is also an officer, general partner or authorized representative of, or owns 10% or more of, any other firm that is prequalified with or has applied for prequalification with the Department.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Officer, Partner, or Owner** | **Involved With Other Prequalified Firm or Applicant?** | **Name & Address of Other Firm** | **Position Held in Other Firm** | **% Ownership in Other Firm** |
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**If additional space is needed, please make attachments to this page.**

**BUSINESS RELATIONSHIPS OF IMMEDIATE FAMILY MEMBERS**

**11. For each officer, general partner, owner, and authorized representative of your firm identified in response to Questions 7 and 8 of this Questionnaire, use the table below to identify whether such officer, general partner, owner, or authorized representative has an immediate family member (a spouse, mother, father, son, daughter, brother, or sister – including step, half and adoptive relationships) who is an officer, general partner, authorized representative, or owner of 10% or more of any other firm that is prequalified with or has applied for prequalification with the Department.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Officer, Partner, Owner or Authorized Rep.** | **Relative’s Name** | **Relationship** | **Name of Other Prequalified Firm in Which Relative Has an Interest** | **Relative’s % Ownership in Other Firm** | **Relative’s Position in other Firm** | **Type of Work That Other Firm Performs** |
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**If additional space is needed, please make attachments to this page.**

**WORK CLASSIFICATIONS**

**12. Check all work classifications in which your company has prior experience and wishes to be given consideration for prequalification.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ASPHALT PAVING** |  | **MOWING AND LITTER REMOVAL** |
|  | **BARRIERS-PARAPETS, CONCRETE BARRIERS, ETC.** |  | **NON-ROADWAY CONSTRUCTION – BUILDINGS, REST AREAS, SALT BINS, ETC.** |
|  | **BASE – AGGREGATE BASES OR AGGREGATES** |  | **PAVEMENT MARKING** |
|  | **BRIDGE PAINTING** |  | **RIPRAP** |
|  | **CONCRETE PAVING** |  | **REMOVAL – BUILDINGS, STRUCTURES, ETC.** |
|  | **DRAINAGE – PIPE CULVERTS AND PRECAST BOXES** |  | **RAILROAD** |
|  | **ENGINEERING** |  | **SCALES AND WEIGHING** |
|  | **EROSION CONTROL** |  | **SIGNALS** |
|  | **EARTHWORK** |  | **SLIPLINE PIPE** |
|  | **CONCRETE FLATWORK** |  | **SNOW AND ICE REMOVAL** |
|  | **FENCE** |  | **STRUCTURES – BRIDGE** |
|  | **GUARDRAIL/ATTENUATORS** |  | **STRUCTURES – DRAINAGE** |
|  | **HAULING** |  | **SWEEPING AND DRAINAGE CLEANING** |
|  | **INCIDENTAL OR MISCELLANEOUS ITEMS** |  | **TRAFFIC CONTROL** |
|  | **INTELLIGENT TRAFFIC SYSTEMS** |  | **TUNNELS** |
|  | **LANDSCAPING – SEEDING, SODDING, TREES, ETC.** |  | **UTILITIES** |
|  | **LIGHTING – ELECTRICAL, ETC.** |  | **WALL – RETAINING WALLS** |

**TYPE OF PREQUALIFICATION STATUS REQUESTED**

1. **Please indicate whether you are seeking a general or limited prequalification within the work classifications indicated in response to Question 12. (See TDOT Rule 1680-5-3-.05(2)(b) for additional information regarding the difference between general and limited prequalification status.)**

**General  Limited**

**(If limited please indicate the total number of contracts and/or aggregate amount of contracts that you would seek to perform at any given time.)**

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**Experience Questionnaire**

**14. Current and recently completed contracts: Give adequate information to permit inquiry for references. Include all private and public projects.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contract Number or**  **Project Number** | **Project Owner** | **Sub/Prime** | **Classifications of Work Performed**  **(List as many as possible)** | **Contract Amount** | **Completed on Time?** | **Status**  **(% Complete or Date Completed)** | **Liquidated Damages or Disincentives Assessed?** |
|  |  |  |  |  | **yes**  **no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |

1. **(Cont.) Current and recently completed contracts: Give adequate information to permit inquiry for references. Include all private and public projects.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contract Number or**  **Project Number** | **Project Owner** | **Sub/Prime** | **Classifications of Work Performed**  **(List as many as possible)** | **Contract Amount** | **Completed on Time?** | **Status**  **(% Complete or Date Completed)** | **Liquidated Damages or Disincentives Assessed?** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |
|  |  |  |  |  | **yes  no** |  | **yes  no** |

**If additional space is needed, please make attachments to this page.**

**15. What is the construction experience of the principal individuals of your organization?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Present Position/Office** | **Years Construction Experience** | **Magnitude/Type of Work** | **In What Capacity?** |
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1. **(Cont.) What is the construction experience of the principal individuals of your organization?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Present Position/Office** | **Years Construction Experience** | **Magnitude/Type of Work** | **In What Capacity?** |
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**If additional space is needed, please make attachments to this page.**

**EQUIPMENT**

**16. List equipment owned by your firm, and then list separately equipment leased or otherwise available to you. Indicate whether the other firm from which you lease or otherwise obtain the equipment is prequalified with or has applied for prequalification with the Department. (You may attach your own equipment list in lieu of completing this page if all the required information is provided.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quantity** | **Item** | **Size or Capacity** | **Age** | **Owner of Equipment** |
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1. **(Cont.) List equipment owned by your firm, and then list separately equipment leased or otherwise available to you. Indicate whether the other firm from which you lease or otherwise obtain the equipment is prequalified with or has applied for prequalification with the Department.**

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| **Quantity** | **Item** | **Size or Capacity** | **Age** | **Owner of Equipment** |
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1. **(Cont.) List equipment owned by your firm, and then list separately equipment leased or otherwise available to you. Indicate whether the other firm from which you lease or otherwise obtain the equipment is prequalified with or has applied for prequalification with the Department.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quantity** | **Item** | **Size or Capacity** | **Age** | **Owner of Equipment** |
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**If additional space is needed, please make attachments to this page.**

**CONTRACTOR RESPONSIBILITY**

**17. In the last five years has any of the following occurred?**

* 1. **The applicant or an affiliate associated with the applicant filed for bankruptcy.**

**yes**  **no (If yes, explain below)**

|  |
| --- |
|  |

* 1. **The applicant or an affiliate associated with the applicant defaulted on or failed to complete a public contract or had a public contract terminated for cause.**

**yes**  **no (If yes, explain below)**

|  |
| --- |
|  |

**C. The applicant or an affiliate associated with the applicant had a surety take over the payment or performance obligations of a public contract.**

**yes**  **no (If yes, explain below)**

|  |
| --- |
|  |

**D. The applicant or an affiliate associated with the applicant had liens, claims or stop work orders filed against it on a public contract.**

**yes**  **no (If yes, explain below)**

|  |
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**18. In the last five years has any of the following occurred?**

**A. The applicant, an affiliate of the applicant, or a general partner, owner, officer or authorized representative of the applicant (as identified in response to Questions 7 and 8 above) has been denied prequalification or has been suspended, debarred or otherwise excluded from bidding on or participating in any public contract by the Department or any other state, federal or local government agency.**

**yes  no (If yes, explain below)**

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**B. The applicant, an affiliate of the applicant, or a general partner, officer, owner, or authorized representative of the applicant (as identified in response to Questions 7 and 8 above) has been convicted of, is currently under indictment for, or has been held liable in a civil judgment for any of the following:**

1. **The commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public or private agreement or transaction.**

**yes  no (If yes, explain below)**

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|  |

1. **A violation of Federal or State antitrust statues, including those prohibiting price fixing between competitors, allocation of customers between competitors, and bid rigging.**

**yes  no (If yes, explain below)**

|  |
| --- |
|  |

1. **The commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice.**

**yes  no (If yes, explain below)**

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1. **The commission of any offense indicating a lack of business integrity or business honesty that seriously and directly affects such person’s or organization’s present responsibility.**

**yes  no (If yes, explain below)**

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**C. The applicant, an affiliate of the applicant, or a general partner, officer, owner, or authorized representative of the applicant (as identified in response to Questions 7 and 8 above) has been convicted of or is currently under indictment for any criminal violation of the Federal Water Pollution Control Act; has been convicted of any criminal violation of the Tennessee Water Quality Control Act; or has been convicted of any criminal violation of any other state’s water quality or water pollution control act.**

**yes  no (If yes, explain below)**

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**D. The applicant, an affiliate of the applicant, or a general partner, officer, owner, authorized representative of the applicant (as identified in response to Questions 7 and 8 above) received an enforcement order finding a violation of the Federal Water Pollution Control Act, the Tennessee Water Quality Control Act, or any other state’s water quality or water pollution control act.**

**yes  no (If yes, explain below)**

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CONTRACTOR SAFETY HISTORY

**19. Complete the required safety information (If requested Contractor must provide supporting information).**

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1. **Provide the information submitted on your OSHA Form 300A (Summary of Work-Related Injuries and Illnesses) and your calculated “Total Recordable Case Rate” and “DART Incidence Rate” for the most recent three (3) years. (Please refer to the USDOL Forms for Recording Work-Related Injuries and Illnesses for additional information)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **YEAR** | **Total Number (#) of deaths** | **Total #of cases with days away from work** | **Total # of cases with**  **job transfer or restriction** | **Total # of other recordable cases** | **# of hours worked by all employees** | **Total Recordable Case Rate** | **DART Incidence Rate** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Explanation required if not applicable

1. **Identify the number of TOSHA/OSHA inspections, the number of citations issued, and the total dollar amount of citations for the most recent year.**

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** | **Number (#) of TOSHA/OSHA Inspections** | **Total # of Citations issued** | **Total dollar amount of citations ($)** |
|  |  |  |  |

**AFFIDAVIT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, deposes**

**and says that he/she is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of**

**(Title)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**(Name of Applicant’s Organization)**

**and he/she further states that the answers to the foregoing questions and all statements therein contained are true and correct. A person who makes a false statement in this prequalification is subject to penalties of perjury.**

**By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Authorized Employee**

**The authorized employee, whose signature appears on this document, having personally appeared before me, and being sworn, deposes and says that the above statements are true and correct.**

**Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Notary Public)**

**My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Seal)**