

**HIGHWAY CONTRACTORS
PREQUALIFICATION SUBMISSION GUIDE
REQUIRED SUBMISSIONS CHECKLIST
C-32A
SHORT FORM**

Please submit in this order to the following address:

Virginia Department of Transportation
Scheduling and Contract Division
1401 E. Broad St.
Richmond, Virginia 23219
Attn: Prequalification Office

- ___ **Current Good Standing Certificate or Certificate of Fact:** *Virginia State Corporation Commission (SCC)*
- ___ **Form C-47:** *Request for Protection of Prequalification Materials from Disclosure under the Virginia Freedom of Information Act*
- ___ **Form C-71:** *Declaration of Fraud, Convictions, Deceit, or other Felonies and Judgments*
- ___ **Form C-32A:** *A complete prequalification short form application*
- ___ **Annual Balance Sheet:** *A complete original current annual balance sheet that is provided in the Form C-32A. The fiscal year stated shall be within the past 12 months of the application submittal. A CPA report is optional, but not accepted in lieu of page 9.*
- ___ **Form C-90:** *A complete and signed Annual Gross Receipts Survey. The information requested is a Federal requirement.*
- ___ **Form C-38:** *A complete Safety Index Rating Form*
- ___ **EMR Letter:** *A current original certification of Experience Modification Rate letter issued by an Insurance Company who is registered active and good standing in the Commonwealth. It shall indicate the past six complete years of EMR ratings for the established firm.*
- ___ **OSHA 300 & 300A Logs:** *OSHA documentation for the last three complete years.*
- ___ **OSHA Citations:** *If applicable, copies of actual OSHA Citation Report(s)*
- ___ **VDOT Suspensions**
- ___ **Safety Policy** (cover page, table of contents and last two pages of safety manual)
- ___ **Form C-42:** *Status of Current Prime Contracts on Hand*
- ___ **Form C-42A:** *Status of Current Subcontracts on Hand*

The Prequalification Application is considered a legal document by both the Virginia and the Federal courts. Prequalification applications have been, and may be, summoned by the courts. Please prepare your documentation with the utmost care so they can be successfully defended if they are ever legally questioned.

Please review your firm's Prequalification application prior to submitting to prevent delays caused by omissions.

Vendor # _____

**Request for Protection of Prequalification Materials
From Disclosure Under the
Virginia Freedom of Information Act**

Please read before completing this form:

The Virginia Public Procurement Act allows for the exemption of certain Prequalification information from public disclosure. A contractor must request the exemption in writing in order that information contained in the Prequalification application and financial statement be withheld from public view, under the Virginia Freedom of Information Act. This can be accomplished by completing this form. This form must indicate the legal name of the company, the items to be protected, and the reason why the exemption is being requested. (Please be specific) and state specifically why each item is exempt. The Virginia Court System has held that the contents of the entire file may not be protected. For example, just indicating "entire file" is to be exempt is not specific enough and will not protect your information from being disclosed. This request must be signed by an authorized officer of the company as authorized on page 2 of the Prequalification Application (Form C-32).

In submission of its Prequalification materials:

(Firms Full Legal Name as Registered with the SCC is required)

Hereby invokes the protection of Section 2.2-4342 of the Code of Virginia (Virginia Public Procurement Act), and request protection from public disclosure of certain ownership information.

The data or materials to be protected are (Please state **specific** materials):

The reasons why such protection is necessary are:

No protection of our prequalification submission is being requested. (Please check if applicable).

(SIGNATURE OF AN AUTHORIZED COMPANY OFFICER)

(DATE)

Vendor # _____

**VIRGINIA DEPARTMENT OF TRANSPORTATION
PREQUALIFICATION RENEWAL APPLICATION**

This application may be completed by currently prequalified firms preparing to begin their prequalification cycle after having completed a C-32 the previous year. The cycle will resume back to completing the C-32 the next year after a C-32A has been completed. (Please allow 30-45 days processing time)

(Firm's full legal name as registered with the SCC)

*(Firms contact mailing address to be listed on VDOT Website)

(City) (State) (Zip)

(Telephone Number) (Fax Number) (Contact Email Address to be listed on VDOT Website)

___ * Please check here if this is a change of the firm's contact information.

ALL RENEWAL APPLICANTS MUST COMPLETE

Has there been any significant changes in the following critical operational areas since the submission of your firm's last C-32 application? (If yes, please provide appropriate documentation on selected pages of a Form C-32 and/or explain the changes on a separate sheet of paper).

	UPDATE Current Business Changes:	YES	NO
1.	Any changes in Organizational Structure (Corporation, Limited Partnership, Limited Liability Company, Sole Proprietorship, General Partnership, Business Trust)?		
2.	Any change in Ownership Interest?		
3.	Any change in Authorized Individuals?		
4.	Any change in Firm to Firm relationships?		
5.	Any changes in the nature of the firm's work expertise?		
6.	Any gain, loss, or access to equipment that may negatively or positively impact the firm's ability to perform highway construction?		
7.	Has the firm been debarred, denied prequalification, or denied bidding privileges with another agency or any other DOT? If yes, attach a copy of the debarred/denial letter?		
	ATTACH the Following Documents:	YES	NO
8.	Attached a complete original annual balance sheet (page 9 of C-32)		
9.	Attached the Status of current Prime Contracts on Hand (Form C-42)		
10.	Attached the Status of current Subcontracts on hand (Form C-42A)		
11.	Attached Compete Form C-38 (completely scored)		
12.	Attached supplemental information for supporting firm's Safety History		
12A	Originally signed EMR Letter from Insurance Company		
12B	Last current completed year for OSHA 300 & 300A logs		
12C	OSHA Citation(s)		
12D	VDOT Suspension(s)		
13.	Attached an Annual Gross Receipts Survey (Page 10 of Form C-32)		
14	Attached Form C-47, Freedom of Information Act Protection		
15	Attached the C-32A Affidavit with this C-32A		

Vendor # _____

ANNUAL BALANCE SHEET
(Page must be completed with no omissions)

(Firms Full Legal Name as registered with the SCC)

For the Fiscal Year Ending _____
(Document the **month, the day & the year**)

ASSETS

Current Assets (1 year or less):

Cash & Bank Account _____
Accounts Receivable..... _____
Notes Receivable..... _____
Other Current Assets..... _____

Total Current Assets(1a) _____

Non-Current Assets (over 1 year):

Equipment..... _____
Real Estate/Land..... _____
Other Non-Current Assets..... _____

Total Non-Current Assets(1b) _____

TOTAL ASSETS (1a+1b).....(1c) _____

LIABILITIES

Current Liabilities (1 year or less)

Notes Payable..... _____
Leases Payable..... _____
Accounts Payable..... _____
Other Current Liabilities..... _____

Total Current Liabilities.....(2a) _____

Non-Current Liabilities (over 1 year):

Notes Payable – Long term..... _____
Notes Payable – Equipment..... _____
Other Non-Current Liabilities..... _____

Total Non-Current Liabilities(2b) _____

TOTAL LIABILITIES (2a+2b).....(2c) _____

Equity/Capital Stock (1c-2c).....(2d) _____

TOTAL LIABILITIES & EQUITY (2c+2d, must equal 1c)..... _____

AFFIDAVIT

I declare under the penalty of perjury that to the best of my knowledge that this annual balance sheet accurately reflects this company's underlying financial state.

Printed Full Legal Name of Authorized Company Officer (on page 2 of Form C32)

Signature

Sworn to before me this _____ day of _____, 20_____

(Signature/Seal)

Notary Public

My Commission expires _____ Notary Registration Number _____

Vendor # _____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION

ANNUAL GROSS RECEIPTS SURVEY

THE FIRM IDENTIFIED BELOW ACKNOWLEDGES AND CERTIFIES THAT THIS PAGE ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

FIRM'S FULL LEGAL NAME _____ **VENDOR NO.** _____

FIRM'S ADDRESS _____

CITY _____

STATE _____ **ZIP CODE** _____

AGE OF FIRM _____

FIRM'S STATUS: DBE _____ NON-DBE _____ SWAM _____

ANNUAL GROSS RECEIPTS FOR THE FIRM'S FISCAL YEAR ENDING (Year Only) _____

ANNUAL GROSS RECEIPT DOLLAR AMOUNT \$ _____

Printed Full Legal Name of Authorized Company Officer (on page 2 of Form C32)

Signature _____

Vendor # _____

FORM C-42

STATUS OF CURRENT PRIME CONTRACTS ON HAND

Give full information about all of your contracts as a PRIME contractor whether in progress or awarded but not yet begun; or where you are low bidder pending formal award of contract. For Maintenance Contracts list in column 4 the balance completed to date. This information **cannot be older than 60 days**.

-1- OWNER	-2- CONTRACTS LOCATION OF WORK	-3- CONTRACTS <u>DESCRIPTION OF WORK PERFORMED</u>	-4- CONTRACT AMOUNT	-5- BALANCE TO BE COMPLETED

Page ____ of ____

Total Chargeable Balance to be completed (Total of Column 5) = \$ _____

GRAND TOTAL OF ALL PAGES = \$ _____

In case of joint venture indicate work performed only by your firm.

____ **A** I certify the above contract amounts are the true representation of all of the work this firm is responsible for as a PRIME contractor as of the date stated below.

Or

____ **B** I certify that this firm has no work underway as a PRIME contract and is responsible for no work as of the date stated below.

Company's Full Legal Name
(as registered with the SCC)

Signature of an Authorized Company Official (shown on page 2 of C-32)

Date

Vendor # _____

FORM C-42A

STATUS OF CURRENT SUBCONTRACTS ON HAND

Give full information about all of your subcontracts as a **SUB CONTRACTOR** whether in progress and all signed subcontract agreements where the work has not yet begun. This information cannot be older than 60 days.

-1- OWNER	-2- PRIME CONTRACTOR	-3- CONTRACTS LOCATION & <u>DESCRIPTION</u> OF WORK PERFORMED	-4- SUBCONTR ACT AMOUNT	-5- BALANCE TO BE COMPLETED

Page ____ of ____

Total Chargeable Balance to be completed (Total of Column 5) = \$ _____

GRAND TOTAL \$ _____

____ **A** I certify the above contract amounts are the true representation of all of the work this firm is responsible for as a SUB contractor as of the date stated below.

Or

____ **B** I certify that this firm has no work underway as a SUB CONTRACTOR and is responsible for no work as of the date stated below.

Company's Full Legal Name
(as registered with the SCC)

Signature of an Authorized Company Official (shown on page 2 of C-32)

Date