

Application For Construction Prequalification

Per Advertisement for Bids, Page AB-2

APPLICATION FOR CONSTRUCTION PREQUALIFICATION
CONTRACT 16-03 – 54-INCH INTERCEPTOR REHABILITATION

I. GENERAL BACKGROUND

- A. Name of Applicant: _____
- B. Address of Applicant:
1. Mailing _____

2. Business: _____

3. Telephone Number: _____
4. Fax Number: _____
5. Contact Person: _____
- C. State of Tennessee Contractor's License Number and the classification that applies to this project: _____
- D. Contractor is: Proprietor _____
Corporation _____
Partnership _____
- E. Other state licenses held: _____
- F. Local licenses held: _____
- G. 1. Names and addresses of officers/partners of the company:

2. Number of years company has been in business: _____
- H. How many persons are permanently employed by your company? _____

COMPANY NAME: _____

APPLICATION FOR PREQUALIFICATION

BID DATE: _____

I. How many years experience in the proposed type and size of construction work has your organization had? _____

J. Previous name of Contractor, if any:

Contractor Name _____

Business Address: _____

Contact Person: _____

Telephone: _____

K. Describe and identify on the attached forms the applicant's financial status, proposed project personnel, safety record, equipment inventory, experience on similar projects, legal proceedings, and list of applicant references. This information will be used to determine the applicant's ability to perform the work required by this project.

This application must be completed in its entirety, including the Affidavit for Prequalification of Applicant.

Attach additional pages when necessary to fully answer any of the above questions.

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

II. FINANCIAL STATUS

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED IN THIS SECTION. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED WITHIN THIS SECTION OR AS SUPPLEMENTAL INFORMATION.

A. Complete the following information for the past three years. (See Contractor's Financial Statement Verification at end of this application).

1. Last Complete Fiscal Year: Date from: _____ Date to: _____
 - a. Revenues (Gross) _____
 - b. Expenditures (Gross) _____
 - c. Overhead and Admin. Cost (Gross) _____
 - d. Profit (Gross) _____
2. Fiscal Year Prior to 1. Above: Date from: _____ Date to: _____
 - a. Revenues (Gross) _____
 - b. Expenditures (Gross) _____
 - c. Overhead and Admin. Cost (Gross) _____
 - d. Profit (Gross) _____
3. Fiscal Year Prior to 2. Above: Date from: _____ Date to: _____
 - a. Revenues (Gross) _____
 - b. Expenditures (Gross) _____
 - c. Overhead and Admin. Cost (Gross) _____
 - d. Profit (Gross) _____

B. BANKRUPTCIES

1. Has the Contractor, or any of its parents or subsidiaries, ever had a Bankruptcy Petition filed in its current and/or previous name, voluntarily or involuntarily?

Yes _____

No _____

If Yes, specify date, circumstances, and resolution in an attachment.

2. Has any Majority Shareholder ever had a Bankruptcy Petition filed in his/her name, voluntarily or involuntarily?

Yes _____

No _____

If Yes, specify date, circumstances, and resolution in an attachment.

COMPANY NAME: _____
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C. LOANS

Is the Contractor currently in default on any loan agreement or financing agreement with any bank, financial institution or other entity?

Yes _____

No _____

If Yes, specify date, circumstances, and resolution in an attachment.

D. BONDING

1. What is the Contractor's current total bonding capacity with a contract surety company?

\$ Minimum _____

2. What is the Contractor's current single contract bonding capacity with a contract surety company?

\$ Single _____

3. What is the Contractor's current remaining bonding capacity with a contract surety company?

\$ Remaining _____

4. Please identify the Contractor's surety company actually providing bid and payment/performance bonds and the current line of bonding credit that company has extended to the Contractor.

a) Bond Surety Company (Bid)

Name: _____

Mailing Address: _____

City: _____

State and Zip: _____

Contact Person: _____

Telephone and Fax: _____

Bonding Credit: _____

b) Bond Surety Company (Payment and Performance)

Name: _____

Mailing Address: _____

City: _____

State and Zip: _____

Contact Person: _____

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

Telephone and Fax: _____
Bonding Credit: _____

c) Surety Company Agent or Underwriting Contact

Name: _____
Mailing Address: _____
City: _____
State and Zip: _____
Contact Person: _____
Telephone and Fax: _____

5. Have Performance or Payment Bond claims ever been made to a surety for this Contractor on any project, past or present?

Yes _____

No _____

If Yes, describe the claim, date, circumstances, and resolution in an attachment.

6. In the past five (5) years, has a surety company refused to bond the Contractor, parent or subsidiaries, on any project?

Yes _____

No _____

If Yes, describe the date, amount, and resolution in an attachment.

7. Have there ever been any liens filed against the Contractor that resulted in a loss of any or all of contract retainage on any project past or present?

Yes _____

No _____

If Yes, describe the claim, date, amount, and resolution in an attachment.

8. Has the Contractor or any of its parents or subsidiaries ever been refused liability insurance in its current and/or previous name?

Yes _____

No _____

If Yes, describe the refusal, date, and reasons in an attachment.

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

III. PROPOSED PROJECT PERSONNEL

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED IN THIS SECTION. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED WITHIN THIS SECTION OR AS SUPPLEMENTAL INFORMATION.

A. GENERAL INFORMATION

1. Affirm that the Contractor will comply with all government regulations regarding non-discrimination of employment and employment practices on the basis of sex, race, color, national origin, ancestry, age, religious conviction, veteran status, handicap status, political beliefs or non-job related criteria.

Yes _____

No _____

If No, specify regulations not complying with and provide a complete explanation in an attachment.

2. What percentage of the work pertaining to this contract will the Contractor perform with its own employees (at least 51% must be performed by the Contractor):

% _____

3. What type of work does the Contractor anticipate subcontracting:

Type of subcontracting: _____

B. PROPOSED PROJECT MANAGER

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED ON THIS PAGE. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED BELOW OR AS SUPPLEMENTAL INFORMATION.

1. List the Contractor's proposed *Project Manager* for this project. Include years with the Contractor along with total years experience in transmission main construction. Include the companies he/she has been affiliated with in the last five (5) years and the contact person they directly reported to.

COMPANY NAME: _____

APPLICATION FOR PREQUALIFICATION

BID DATE: _____

Name: _____

Years at this Company: _____

Title: _____

Transmission Main Experience: From Mo/Yr: _____ To Mo/Yr. _____

Previous Company: _____

Years at Previous Company: From Mo/Yr: _____ To Mo/Yr. _____

Address: _____

City: _____

State and Zip: _____

Contact Person: _____

Telephone and Fax: _____

2. List at least one (1) gravity sewer project, greater than 48-inches in diameter, that the proposed *Project Manager* has supervised in the last fifteen (15) years for the Contractor, or for any other company:

#1 Project: _____

Location: _____

Main Size: _____

Construction Cost: _____

Dates: _____

Company: _____

#2 Project: _____

Location: _____

Main Size: _____

Construction Cost: _____

Dates: _____

Company: _____

C. PROPOSED SUPERINTENDENT

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED ON THIS PAGE. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED BELOW OR AS SUPPLEMENTAL INFORMATION.

1. List the Contractor's proposed *Superintendent* (if different from the *Project Manager*) for this project. Include years with the Contractor along with total years experience in transmission main construction. Include the companies he/she has been affiliated with in the last five (5) years and the contact person they directly reported to.

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

Name: _____
Years at this Company: From Mo/Yr. _____ To Mo/Yr. _____
Title: _____
Transmission Main Experience: From Mo/Yr. _____ To Mo/Yr. _____
Previous Company: _____
Years at Previous Company: _____
Address: _____
City: _____
State and Zip: _____
Contact Person: _____
Telephone and Fax: _____

2. List at least one (1) gravity sewer project, greater than 48 inches in diameter, that the proposed *Superintendent* has supervised in the last fifteen (15) years for the Contractor, or for any other company.

#1 Project: _____
Location: _____
Main Size: _____
Construction Cost: _____
Dates: _____
Company: _____

#2 Project: _____
Location: _____
Main Size: _____
Construction Cost: _____
Dates: _____
Company: _____

3. List the Contractor's personnel assigned to this project that have achieved a State of Tennessee Level 1 Erosion Prevention and Sediment Control Certification. If certified in another state or another program acceptable to local authority, list authority of certification.

COMPANY NAME: _____
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IV. SAFETY

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED ON THIS PAGE. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED BELOW OR AS SUPPLEMENTAL INFORMATION.

- A. Has the Contractor had any OSHA citations levied during the past five (5) years?

Yes _____

No _____

If Yes, describe the infractions in an attachment.

- B. Does the Contractor have a written policy on drug and alcohol abuse that complies with T.C.A. 50-9-101 et. seq.? If so, please attach a copy.

Yes _____

No _____

- C. Does the Contractor have a written safety program? If so, please attach a copy.

Yes _____

No _____

- D. Does the Contractor hold on-the-job safety inspections?

Yes _____

No _____

If Yes, how often and who conducts the inspections? _____

- E. Complete the following from the Contractor's OSHA 200 Log for the past three (3) years and provide copies of each of the Contractor's OSHA 200 Logs:

	20 _____	20 _____	20 _____
Number of Lost Work Days Cases	_____		
Number of Restricted Workday Cases	_____		
Number of Cases with Medical Attention Only	_____		
Number of Fatalities	_____		

COMPANY NAME: _____
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V. EQUIPMENT INVENTORY

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED ON THIS PAGE. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED BELOW OR AS SUPPLEMENTAL INFORMATION.

- A. Complete the following list of major equipment available for construction of this project (i.e., excavators, backhoes, loaders, etc.).

Type of Equipment	Model	Number of Units

- B. Complete the following list of specialized equipment/services available for construction of this project (i.e., compaction equipment, chlorinator, trench box, survey equipment, hydroseeder/mulcher, etc.).

Type of Equipment	Manufacturer/Model	Subcontract/Own/Lease

- C. Complete the following list for each subcontractor normally used for the specialty tunneling work of drilling and blasting bypass pumping, pavement restoration and blasting bypass pumping (furnish copy of blasting certificates).

Subcontractor	Type of Work

COMPANY NAME: _____

APPLICATION FOR PREQUALIFICATION

BID DATE: _____

VI. COMPANY EXPERIENCE - SIMILAR PROJECTS

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED IN THIS SECTION. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED WITHIN THIS SECTION OR AS SUPPLEMENTAL INFORMATION.

- A. Failure to complete this section in full, regardless of any supplemental information provided, will be grounds for disqualification.**
- B. Beginning on the following pages, list at least three (3) (42" minimum) large diameter gravity sewer projects completed by the Contractor that meet the criteria detailed at the end of this application.
- C. List projects that most closely resemble the work proposed under this bid.
- D. Describe projects in terms of degree of difficulty, problems encountered, similarities, with the work proposed under this bid, what the driver was on the project schedule, whether the schedule was met, etc., or any pertinent information that might be used to evaluate your request for prequalification.
- E. For questions with a "Yes" or "No" answer, please check one.
- F. For questions that ask for "Length", please give the linear footage of each material installed.
- G. For questions that ask for "Material", use typical abbreviations such as:

Ductile iron pipe:	DIP
Reinforced concrete pipe	RCP
Fiberglass reinforced pipe	FRP
- H. For questions that ask for manhole type, use abbreviations such as:

Fiberglass	FG
Concrete	C
Tee Base	T
- I. For questions that ask for "Diameter", please indicate the inside finished diameter, in either inches or feet.

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED IN THIS SECTION. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED WITHIN THIS SECTION OR AS SUPPLEMENTAL INFORMATION.

#1 Project Name: _____
Location: _____
Project Owner: _____
Owner's Address: _____
Owner's Contact Person: _____
Owner's Contact Person Telephone: _____
Project Engineer: _____
Engineer's Address: _____
Engineer's Contact Person: _____
Engineer's Contact Person Telephone: _____
Contract Bid Amount: _____
Final Contract Amount: _____
Contract Completion Time: Established Days: _____
Actual Days: _____
Contract Dates: Notice to Proceed Date: _____
Final Completion Date: _____

Gravity Sanitary Sewer System: Yes: _____ No: _____
Length: _____ Material: _____ Diameter: _____
Length: _____ Material: _____ Diameter: _____
Manhole Type: _____ Material: _____ Diameter: _____

Combined Sanitary Sewer Overflow System: Yes _____ No _____
Length: _____ Material: _____ Diameter: _____
Length: _____ Material: _____ Diameter: _____
Manhole Type: _____ Material: _____ Diameter: _____

Did this Contract consist of the installation of the pipeline(s) within the paving limits of a road?

Yes: _____ No: _____

Was continuous bypass pumping of sanitary required by this project?

Yes: _____ No: _____

If Yes, describe your bypass pumping operation (size, length of pipe, etc.)
Sound attenuation may be required in this project. Please describe methods used previously in this regard and how they may be adapted to this project. Contractor may include information in attachment.

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

Bypass Pumping: _____

Comments: _____

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED IN THIS SECTION. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED WITHIN THIS SECTION OR AS SUPPLEMENTAL INFORMATION.

#2 Project Name: _____
Location: _____
Project Owner: _____
Owner's Address: _____
Owner's Contact Person: _____
Owner's Contact Person Telephone: _____
Project Engineer: _____
Engineer's Address: _____
Engineer's Contact Person: _____
Engineer's Contact Person Telephone: _____
Contract Bid Amount: _____
Final Contract Amount: _____
Contract Completion Time: Established Days: _____
Actual Days: _____
Contract Dates: Notice to Proceed Date: _____
Final Completion Date: _____
Gravity Sanitary Sewer System: Yes: _____ No: _____
Length: _____ Material: _____ Diameter: _____
Length: _____ Material: _____ Diameter: _____
Manhole Type: _____ Material: _____ Diameter: _____

Combined Sanitary Sewer Overflow System: Yes _____ No _____
Length: _____ Material: _____ Diameter: _____
Length: _____ Material: _____ Diameter: _____
Manhole Type: _____ Material: _____ Diameter: _____

Did this Contract consist of the installation of the pipeline(s) within the paving limits of a road?

Yes: _____ No: _____

Was continuous bypass pumping of sanitary required by this project?

Yes: _____ No: _____

If Yes, describe your bypass pumping operation (size, length of pipe, etc.) Sound attenuation may be required in this project. Please describe methods used previously in this regard and how they may be adapted to this project. Contractor may include information in attachment.

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

Bypass Pumping: _____

Comments: _____

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED IN THIS SECTION. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED WITHIN THIS SECTION OR AS SUPPLEMENTAL INFORMATION.

#3 Project Name: _____
Location: _____
Project Owner: _____
Owner's Address: _____
Owner's Contact Person: _____
Owner's Contact Person Telephone: _____
Project Engineer: _____
Engineer's Address: _____
Engineer's Contact Person: _____
Engineer's Contact Person Telephone: _____
Contract Bid Amount: _____
Final Contract Amount: _____
Contract Completion Time: Established Days: _____
Actual Days: _____
Contract Dates: Notice to Proceed Date: _____
Final Completion Date: _____
Gravity Sanitary Sewer System: Yes: _____ No: _____
Length: _____ Material: _____ Diameter: _____
Length: _____ Material: _____ Diameter: _____
Manhole Type: _____ Material: _____ Diameter: _____

Combined Sanitary Sewer Overflow System: Yes _____ No _____
Length: _____ Material: _____ Diameter: _____
Length: _____ Material: _____ Diameter: _____
Manhole Type: _____ Material: _____ Diameter: _____

Did this Contract consist of the installation of the pipeline(s) within the paving limits of a road?

Yes: _____ No: _____

Was continuous bypass pumping of sanitary required by this project?

Yes: _____ No: _____

If Yes, describe your bypass pumping operation (size, length of pipe, etc.)
Sound attenuation may be required in this project. Please describe methods used previously in this regard and how they may be adapted to this project. Contractor may include information in attachment.

COMPANY NAME: _____

APPLICATION FOR PREQUALIFICATION

BID DATE: _____

Bypass Pumping: _____

Comments: _____

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED IN THIS SECTION. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED WITHIN THIS SECTION OR AS SUPPLEMENTAL INFORMATION.

#4 Project Name: _____
Location: _____
Project Owner: _____
Owner's Address: _____
Owner's Contact Person: _____
Owner's Contact Person Telephone: _____
Project Engineer: _____
Engineer's Address: _____
Engineer's Contact Person: _____
Engineer's Contact Person Telephone: _____
Contract Bid Amount: _____
Final Contract Amount: _____
Contract Completion Time: Established Days: _____
Actual Days: _____
Contract Dates: Notice to Proceed Date: _____
Final Completion Date: _____
Gravity Sanitary Sewer System: Yes: _____ No: _____
Length: _____ Material: _____ Diameter: _____
Length: _____ Material: _____ Diameter: _____
Manhole Type: _____ Material: _____ Diameter: _____

Combined Sanitary Sewer Overflow System: Yes _____ No _____
Length: _____ Material: _____ Diameter: _____
Length: _____ Material: _____ Diameter: _____
Manhole Type: _____ Material: _____ Diameter: _____

Did this Contract consist of the installation of the pipeline(s) within the paving limits of a road?

Yes: _____ No: _____

Was continuous bypass pumping of sanitary required by this project?

Yes: _____ No: _____

If Yes, describe your bypass pumping operation (size, length of pipe, etc.) Sound attenuation may be required in this project. Please describe methods used previously in this regard and how they may be adapted to this project. Contractor may include information in attachment.

COMPANY NAME: _____

APPLICATION FOR PREQUALIFICATION

BID DATE: _____

Bypass Pumping: _____

Comments: _____

COMPANY NAME: _____

APPLICATION FOR PREQUALIFICATION

BID DATE: _____

- I. Identify all projects, including, but not limited to those above, which were the subject of an action claim or lawsuit by, or against, the Contractor or the Owner of the project. This shall include, but not be limited to, warnings, citations, stop work orders, consent orders, fines, etc. by any regulatory government agency or court on the local, state, and/or federal level as well as any other private or public organization or individual. Please identify in your response the nature of such action claim or lawsuit, the court in which the case was filed (if applicable) and the details of its resolution. Failure to reveal any such incident may be used to disqualify the Contractor from this and future projects.

- J. Has the Contractor ever failed to complete any work awarded, including any negotiated settlement that removed the Contractor before the project was fully complete and/or resulting in a third party having to finish the project?

Yes _____

No _____

If Yes, specify date, circumstances, and resolution in an attachment.

- K. Has any local, state or federal agency ever denied the Contractor within the last five (5) years on a project of similar scope?

Yes _____

No _____

If Yes, specify date, circumstances, and resolution in an attachment.

- L. In the past ten (10) years, has the Contractor ever been released from a bid?

Yes _____

No _____

If Yes, specify date, circumstances, and resolution in an attachment.

COMPANY NAME: _____

APPLICATION FOR PREQUALIFICATION

BID DATE: _____

- M. Has any officer or partner of the Contractor ever been an officer or partner of some other organization that failed to complete a construction contract, including any negotiated settlement that removed the organization before the project was fully complete and/or resulting in a third party having to finish the project.

Yes _____

No _____

If Yes, specify name of individual, other organization, date, and details in an attachment.

- N. Has any officer or partner of the Contractor ever failed to complete a construction contract handled in his own name including any negotiated settlement that removed them before the project was fully complete and/or resulting in a third party having to finish the project?

Yes _____

No _____

If Yes, specify name of individual, other organization, date, and details in an attachment.

- O. List all previous projects that the Contractor has performed for Jackson Energy Authority.

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
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VII. LEGAL PROCEEDINGS

A. ARBITRATIONS

List all construction arbitration demands filed by, or against, the Contractor in the last five (5) years, and identify the nature of the claim, the amount in dispute, the parties, and the ultimate resolution of the proceeding.

B. LAWSUITS

List all construction-related lawsuits (other than labor or personal injury litigation) filed by, or against, the Contractor in the last five (5) years, and identify the nature of the claim, the amount in dispute, the parties, and the ultimate resolution of the lawsuit.

C. OTHER PROCEEDINGS

1. Identify any lawsuits, administrative proceedings, or hearings initiated by the National Labor Relations Board or similar state agency in the past seven (7) years concerning any labor practices of the Contractor. Identify the nature of any proceedings and its ultimate resolution.

2. Identify any lawsuits, administrative proceedings, or hearings initiated by the Occupational Safety and Health Administration concerning the project safety practices of the Contractor in the last seven (7) years. Identify the nature of any proceeding and its ultimate resolution.

COMPANY NAME: _____

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3. Identify any lawsuits, administrative proceedings, or hearing initiated by the Internal Revenue Service, or any state revenue department, concerning the tax liability of the Contractor (other than audits) in the last seven (7) years. Identify the nature of any proceeding and its ultimate resolution.

4. Have any criminal proceedings or investigations been brought against the Contractor in the last ten (10) years?

Yes _____

No _____

If Yes, attach a complete detailed report with your response to this Application.

COMPANY NAME: _____
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VIII. REFERENCES

All references must be current entities with which the Contractor has done business in the past twelve (12) months.

A. BANKS

- #1 Bank Name: _____
 Address: _____
 City: _____
 State and Zip: _____
 Contact Person: _____
 Telephone and Fax: _____
- #2 Bank Name: _____
 Address: _____
 City: _____
 State and Zip: _____
 Contact Person: _____
 Telephone and Fax: _____

B. MAJOR SUBCONTRACTORS

- #1 Subcontractor Name: _____
 Address: _____
 City: _____
 State and Zip: _____
 Contact Person: _____
 Telephone and Fax: _____
- #2 Subcontractor Name: _____
 Address: _____
 City: _____
 State and Zip: _____
 Contact Person: _____
 Telephone and Fax: _____

COMPANY NAME: _____

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C. SUPPLIERS

#1 Major Supplier Name: _____
Address: _____
City: _____
State and Zip: _____
Contact Person: _____
Telephone and Fax: _____

#2 Major Supplier Name: _____
Address: _____
City: _____
State and Zip: _____
Contact Person: _____
Telephone and Fax: _____

D. OWNERS

#1 Project Name: _____
Location: _____
Contract Price: _____
Owner: _____
Address: _____
City: _____
State and Zip: _____
Contact Person: _____
Engineer: : _____
Address: _____
City: _____
State and Zip: _____
Telephone and Fax: _____
Contact Person: _____

#2 Project Name: _____
Location: _____
Contract Price: _____
Owner: _____
Address: _____
City: _____
State and Zip: _____
Contact Person: _____
Engineer: : _____
Address: _____
City: _____
State and Zip: _____

COMPANY NAME: _____

APPLICATION FOR PREQUALIFICATION

BID DATE: _____

Telephone and Fax: _____

Contact Person: _____

#3 Project Name: _____

Location: _____

Contract Price: _____

Owner: _____

Address: _____

City: _____

State and Zip: _____

Contact Person: _____

Engineer: _____

Address: _____

City: _____

State and Zip: _____

Telephone and Fax: _____

Contact Person: _____

COMPANY NAME: _____
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IX. COMMENTS

Please list any additional information that the Contractor believes would assist the Owner in evaluating the possibility of using the Contractor on this Project.

List or attach any other information which the Contractor believes is pertinent to this Application but which was not requested above, such as letters of recommendation from the Project Owner or Project Engineer from the above listed projects, etc.

COMPANY NAME: _____
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X. *IMPORTANT REQUIRED INFORMATION*
To be attached to completed application:

- A. Attach a biographical/experience summary for each of the Contractor's principals, proposed Project Manager, proposed Project Superintendent.
- B. Attach a copy of current "State of Tennessee Utility Contractors License". The Contractor must have a valid State of Tennessee Utility Contractors License in order to submit a bid.
- C. Attach a list of construction projects the Contractor currently has under contract and the anticipated completion date. Give a brief description of the projects including contract amount. Provide project name, date, owners name, address, telephone number, and contact person.
- D. Attach a list of OSHA citations levied during the past five (5) years. Describe the infractions, dates, and whether there was a warning or fine imposed and the dollar amount of each.
- E. Attach a copy of the Contractor's OSHA 200 Log for each of the past three years