

MDOT USE ONLY

<input type="checkbox"/> New	<input type="checkbox"/> DBE
<input type="checkbox"/> W-9 Received	_____
<input type="checkbox"/> Continuous	_____
<input type="checkbox"/> Late Expired	_____
Date Received	_____
Contractor Code	_____

CONFIDENTIAL

CONSTRUCTION PREQUALIFICATION APPLICATION

(This information is required by P.A. 170 of 1933 to certify eligibility for bidding on projects)

**As of Fiscal Year End
(MM/DD/YY)**

Instructions: Each item must be answered. Whenever a particular item does not apply, write "none" or "n/a" (not applicable). Please type or print legibly in dark ink when preparing the application. If additional space is needed, attach a separate sheet, maintaining application in page order throughout.

Legal Company Name (Bidder): _____

Mailing Address: _____

Shipping Address (if different): _____

City: _____ State: _____ Zip Code + 4: _____

Company Telephone Number: _____ Company Fax Number: _____

Company's Website Address: _____

Contact/Person Who Completed Application: _____

Contact Email Address: _____

Submit the fully completed application to:
Michigan Department of Transportation
Contract Services Division – B470 / 4th Floor
Construction Prequalification Unit
P.O. Box 30050
Lansing, Michigan 48909-7550

Overnight Address:
Michigan Department of Transportation
Contract Services Division – B470 / 4th Floor
Construction Prequalification Unit
425 W. Ottawa Street
Lansing, Michigan 48933-1532

**** PREQUALIFICATION CHECK LIST ****

Please review before mailing prequalification application

- Review** “Administrative Rules Governing the Prequalification of Construction Contractors” as amended on December 4, 2009 prior to submission of application. [Administrative Rules Link](#)
- 1st time applicants only**
 - **W-9:** (if unsure a W-9 has been previously submitted, call 517-373-4111 to confirm). [W-9 Form Link](#)
 - **Articles of Incorporation, Articles of Organization, or Certificate of Authority to do Business in Michigan:** (If incorporated outside of Michigan). Contact the Michigan Department of Economic Labor and Economic Growth Services (DELEG) at 517-241-6470 to apply. [DELEG - Business Services](#)
 - **Sole Proprietorship:** doing business in a name other than the proprietor, a **Certificate of Assumed Name** is necessary. This document may be obtained from the local township office.
 - **Reference Form:** [Reference Form \(5107\)](#)
 - **Staff Resumes:** Submit resumes for company’s key staff.
 - **Electronic Bidding:** Only required for bidding contractors who wish to bid as a prime on MDOT projects. [Bid Letting Link](#)
- Prequalification Application (Form 1313):** Complete front cover through page 21. [Prequalification Application](#).
- Pages 19-21:** Only original hand signatures of person(s) authorized to execute contracts will be accepted. Blue ink is recommended for original signatures. Typed names and signatures **must match exactly**.
- CPA Audited Financial Statement:** For prequalification over \$2,000,000 **OR**
- CPA Compiled/Reviewed Financial Statement OR Bank Statement and Account Receivable Verification forms:** For prequalification up to \$2,000,000.
 - **Bank Statement Verification (Form 1310):** Necessary **only if** an audit, compilation, or review, is **not** submitted by a CPA. Complete the top section and submit the form to your bank for verification.*
 - **Account Receivable Verification (Form 1309):** Necessary **only if** an audit, compilation, or review, is **not** submitted by a CPA. Complete the top half of the form and submit it to debtors for any amount over \$500.*
* Unverified amounts will be deducted from your assets.

Additional Information

- **Equipment Appraisal (Optional):** Select a company from the List of Acceptable Appraisal Firms. An appraisal is good for two years (second year requires CPA certification of changes). The equipment must be appraised as of your fiscal year end. [Approved Appraisal List Link](#)
- **Accommodation Access:** If you need this information in an alternate format such as large print, braille or audio tape, or require another type of accommodation, contact MDOT contract Services Division at 517-335-4281 or TDD/TTY through the Michigan Relay Center 800-649-3777.
- If your application is current, your financial rating will stay in effect until the renewal application has been processed. A high volume of applications are received in early spring and creates a backlog for processing. *If you know your rating may increase significantly* and may be a factor in determining your bidding capacity for upcoming projects, you may contact us and request that your application be processed without delay.
- For questions, please contact Theresa Myrick (myrickt@michigan.gov), Prequalification Analyst at 517-335-4442 or Pauline Bouck (bouckp@michigan.gov), Prequalification Assistant at 517-335-4281.

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425 W. Ottawa Street
Lansing, Michigan 48933-1532

Web site: [Contractors Service Center](#)

WORK CLASSIFICATIONS

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B.	Concrete Pavement Construction of Portland cement Concrete base and surface course.	I.	Seeding and Sodding
Ba.	Concrete Pavement Patching and Widening.	J.	Miscellaneous Concrete Items Construction of concrete curb and gutter, sidewalk, barrier wall, driveways, and other incidental construction.
Ca.	Chip Seals	K.	Sewers and Watermains
Cb.	Plant-Mixed Hot Mix Asphalt/Bituminous Paving.	Ka.	Tunneling and Jacking
Ea.	Grading, Drainage Structures, and Aggregate Construction.	L.	Electrical Construction (Master & Electrical License required)
Fa.	Bridges and Special Structures Construction of masonry, fabricated steel, prestressed concrete beam, or timber bridges, large culverts and grade separations, special structures and other incidental construction.	N2.	Clearing
Fb.	Structural Steel Erecting structural steel, prestressed concrete beams and placing reinforcing steel on bridges and grade separations and other incidental structures.	N3.	Pavement Marking
Fd.	Pump stations Construction of pump stations and other incidental structures.	N4.	Bridge Painting (SSPC Certification required/QP1 & QP2)
G.	Building Moving and Demolition Building moving, demolition and other incidental construction.	N5.	Railroad Track Construction
H.	Landscaping Contracts involving ornamentation of roadsides and parks and other incidental construction.	N6.	Permanent Signs
		N7.	Waterproofing
		ITS.	Intelligent Transportation System (Master & Electrical License required) Install Intelligent Transportation Systems (ITS) including, but not limited to: Surveillance, Vehicle Detection, and Traveler Information Systems; Communications and Network Infrastructure; Video Compression Equipment; Road Weather Information Systems (RWIS); Power Systems; and Auxiliary ITS Devices.

N9 CLASSIFICATIONS

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The classification codes shown in parentheses preceding some N9 classifications below are considered to already include that particular N9 classification. If you are prequalified in the classification in parentheses, please do not request that particular N9 classification. (For example, if you are prequalified in Fa, do not request N9-1A, Bridge Deck Repair.)

1. BRIDGE

- (Fa) A. Bridge Deck Repair
- (Fa) B. Bridge Railing Replacement
- (Fa) C. Concrete Structure Repair
- (Fa) D. Concrete Bridge Railing
- E. Structural Crack Repair
- F. Hydrodemolition
- G. Bridge Painting/Limited

2. ROADWAY (GRADE)

- (Ea) B. Edge Drain
- (Ea) C. Erosion Control Structures
- D. Crushing and Shaping

3. PAVEMENTS

- A. Cold Milling
- B. Rubblizing Concrete Pavement
- (B,Ba) C. Concrete Sawing
- D. Grinding and Grooving
- E. Overband Crack Fill
- (B,Ba) F. Joint or Crack Fill
- G. Joint Repair (Detail 7 & 8)
- H. Slurry Seal
- I. Microsurfacing

4. DRAINAGE

- A. Sewer Cleanout
- B. Sewer Inspection

5. FOUNDATIONS

- (Fa) A. Augered Piling
- B. Caisson Drilling
- (Fa) C. Pile Driving
- (Fa) D. Sheet Piling

6. GENERAL

- (Fa,Fb) C. Placing Resteel
- E. Rail Salvage
- F. Railroad Signals
- I. Raised Pavement Markers
- K. Attenuators
- L. Guardrail
- M. Fences
- N. Paving Brick

CONTRACTOR’S STATEMENT OF SPECIFIC EXPERIENCE IN WORK CLASSIFICATION (see pages 2 & 3) _____

* A copy of this page **MUST** be completed for **EACH CLASSIFICATION** submitted. Make additional copies of page 4 as needed.

List contracts completed or awarded in this classification within the last year, or the last two years if submitting biennially. If no work of this type was performed within the last year, list previous work with date performed. The listing shall give a brief description of the work performed (not just a listing of prequalification classifications), the name of the owner (cities, counties, other), the location, the dollar value, and whether you were the prime contractor or subcontractor. (Attach supplemental sheets if necessary.)

If your company has never been prequalified with MDOT, please complete the Reference Form (form 5107).

LIST ONLY THAT WORK PERFORMED BY YOUR ORGANIZATION (NOT WORK SUBCONTRACTED TO OTHERS)

YR	DESCRIPTION OF WORK	NAME OF OWNER and PROJECT NO.	LOCATION	WORK CLASS TOTAL	JOB TOTAL	(P or S) PRIME or SUB
'09	EXAMPLE: 2000 linear feet of curb and gutter	M.D.O.T. IM 70024 32511A	US – 196 Ottawa County	\$16,000	\$53,000	S

STATES IN WHICH YOU ARE PREQUALIFIED TO DO HIGHWAY CONSTRUCTION WORK	DOLLAR AMOUNT OF PREQUALIFICATION

To what date have governmental agencies examined your records for tax purposes?

Internal Revenue Service: State Governmental Agencies: Municipal Governments: / / / / / /

If a partnership, what are the partners income tax liability?

Will it be expended from partnership funds?

Is the contractor a Sub-chapter S corporation? Yes No
 If yes, will the working capital of the corporation be significantly affected by distributions of earnings during the operation period subsequent to the balance sheet date? (Attach explanation if necessary.) Yes No

Have you ever failed to complete any work awarded to you? Yes No
 If yes, where and why?

When does your fiscal year end? /

In the past fiscal year, what percentage of your total dollar value of work was performed:
 In Michigan % Outside of Michigan %

If not a Michigan corporation, is this corporation licensed to do business in Michigan? Yes No

DIRECTORS OF CORPORATION

NAME	ADDRESS	TERM EXPIRES

Is the company seeking prequalification a subsidiary of another corporation? If yes, Supply name of corporation and other information below: Yes No

NAME OF CORPORATION

ADDRESS	CITY	STATE	ZIP CODE
STATE IN WHICH INCORPORATED			DATE

Indicate whether the bidder is a parent corporation and list the name and address of each subsidiary company.

Indicate whether the bidder has affiliates and the name and address of each such related company.

Indicate whether any of the related companies listed are engaged in similar or related business as that of the Bidder.

Has the entity (bidder) or any of the officers, members, owners or partners, etc. in this entity ever been or are now officers, members, owners or partners, etc. in an entity that has failed in business or failed to complete work awarded? Yes No If yes, explain.

Has this entity (bidder) or any of its officers, members, owners or partners, etc. ever been or are now an officer, member, owner, or partner, etc. in an entity that has been denied prequalification or removed from an approved bidder's list by this or any other state or Federal Government? YES NO If yes, provide complete details including when, where, and why.

Indicate other businesses in which any officer(s), member(s), owner(s) or partner(s), etc. is/are actively engaged.

Please provide the name and location of any plants (concrete or HMA), aggregate/sand sources, manufacturer, distributor, fabricator, etc. that are owned/related in any way to the bidder or any of its officers, members, owners, or partners, etc.

Indicate the individuals who own the company (bidder). If the bidder is owned by another company, please indicate the ownership of that company.

Has your company (bidder) ever existed under a different name? YES NO If yes, please explain.

Owners, partners, stockholders (those holding more than 10% interest of the outstanding stock), officers, and directors are required to disclose the following information.

(A) FINANCIAL INTEREST IN OTHER BUSINESSES

List the names of other businesses in which the owners, partners, stockholders, officers, and directors have a financial interest.

(B) FINANCIAL INTEREST IN OTHER PREQUALIFIED BIDDERS

Name all MDOT prequalified bidders (individuals, partnerships, or corporations), in which you have a financial interest (equity loans, etc.) or in which you are an officer or director.

NAME OF OTHER BIDDERS	NAME OF INDIVIDUAL PARTNER STOCKHOLDER OFFICER OR DIRECTOR	NUMBER OF SHARES	AMOUNT OF LOAN	% OF OUTSTANDING STOCK OWNED
TOTAL				

(C) OTHER PREQUALIFIED BIDDERS FINANCIAL INTEREST IN YOUR COMPANY

Name all MDOT prequalified bidders (individual proprietorships, partnerships, or corporations), which have a financial interest (equity, loans, etc.) in your company.

NAME OF OTHER BIDDERS	NUMBER OF SHARES	AMOUNT OF LOAN	% OF OUTSTANDING STOCK OWNED
TOTAL			

EXPERIENCE

How many years has your organization been in business as a contractor under your present business name? Years

How many years experience in construction work has your organization had:

As a Prime Contractor? Years

As a Sub-contractor? Years

KEY EMPLOYEES

Below name persons within your organization who are key employees (Attach current resumes if necessary.) Electrical contractors please indicate your master electrician(s). Submit copies of the company's current electrical license and the master's license.

ENGINEERS – FOREMEN – SUPERINTENDENTS

INDIVIDUAL'S NAME	TITLE	YEARS & TYPE OF CONSTRUCTION EXPERIENCE	EDUCATION

OTHERS (OPERATORS, LABORERS, ETC.)

INDIVIDUAL'S NAME	TITLE	YEARS & TYPE OF CONSTRUCTION EXPERIENCE	EDUCATION

Do any of the persons listed above work for any other prequalified contractor? YES NO

If yes, please indicate the company and name of individuals: (attach additional page if necessary)

The company (bidder) named above maintains its books of account on the following basis and method.
Check appropriate box in each section.

BASIS

- Cash
- Accrual

METHOD OF KEEPING BOOKS

- Completed contract
- Percentage of completion
- Other – Enclose copy of letter of approval from Prequalification Committee

METHOD OF PREQUALIFICATION

- Completed contract
- Percentage of completion

THE FOLLOWING STATEMENT WILL NOT SERVE AS AN AUDITED BALANCE SHEET
BALANCE SHEET **MUST** BE COMPLETED (INK OR TYPED) EVEN IF FINANCIAL STATEMENT IS SUBMITTED.

BALANCE SHEET

ASSETS

CURRENT ASSETS	PER BOOKS	DEBITS	CREDITS	AS ADJUSTED FOR PREQUALIFICATION
		Memorandum Entries If Applicable		
Cash				
On hand	\$ _____	\$ _____	\$ _____	\$ _____
In bank (subject to withdrawal)	_____	_____	_____	_____
Certificates of deposit	_____	_____	_____	_____
Marketable securities				
Bonds and stocks	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
<hr/>				
Trade accounts receivable				
Due within one year	_____	_____	_____	_____
Retention on contracts	_____	_____	_____	_____
Less allowance for uncollectible accounts	(_____)	(_____)	(_____)	(_____)
NET TRADE ACCOUNTS RECEIVABLE	_____	_____	_____	_____
Notes receivable	_____	_____	_____	_____
Interest and dividends receivable	_____	_____	_____	_____
Costs and estimated earnings in excess of billings on uncompleted contracts	_____	_____	_____	_____
Inventories (at lower of market or cost) construction materials and supplies on hand	_____	_____	_____	_____
Costs of uncompleted contracts in excess of related billing recorded	_____	_____	_____	_____
Other allowable current assets	_____	_____	_____	_____
Bid deposits	_____	_____	_____	_____
Cash surrender value life insurance	_____	_____	_____	_____
Prepayments (insurance, interest, taxes, etc.)	_____	_____	_____	_____
Other assets realizable within one year. Describe fully:	_____	_____	_____	_____
<hr/>				
TOTAL CURRENT ASSETS	\$ _____	\$ _____	\$ _____	\$ _____

BALANCE SHEET (cont.)

Memorandum Entries
If Applicable

ASSETS				AS ADJUSTED FOR PREQUALIFICATION
OTHER ASSETS	PER BOOKS	DEBITS	CREDITS	
Receivable due from officers and employees	\$ _____	_____	\$ _____	\$ _____
Receivable due from affiliated companies	_____	_____	_____	_____
Trade receivables over one year past due	_____	_____	_____	_____
Advances to affiliated companies	_____	_____	_____	_____
Other (Specify) _____	_____	_____	_____	_____
TOTAL OTHER ASSETS	\$ _____	\$ _____	\$ _____	\$ _____
FIXED ASSETS				
Construction and transportation equipment	\$ _____	\$ _____	\$ _____	\$ _____
Less accumulated depreciation	(_____)	(_____)	(_____)	(_____)
Net book value (per total on pages 16 and 17)	_____	_____	_____	_____
Land	_____	_____	_____	_____
Buildings	_____	_____	_____	_____
Less accumulated depreciation	(_____)	(_____)	(_____)	(_____)
Net book value	_____	_____	_____	_____
Leasehold improvements	_____	_____	_____	_____
Less accumulated depreciation	(_____)	(_____)	(_____)	(_____)
Net book value	_____	_____	_____	_____
Furniture and fixtures	_____	_____	_____	_____
Less accumulated depreciation	(_____)	(_____)	(_____)	(_____)
Net book value	_____	_____	_____	_____
Other fixed assets	_____	_____	_____	_____
Less accumulated depreciation or Amortization	(_____)	(_____)	(_____)	(_____)
Net book value	_____	_____	_____	_____
TOTAL FIXED ASSETS	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____	\$ _____

BALANCE SHEET (cont.)

Memorandum Entries,
If Applicable

LIABILITIES

CURRENT LIABILITIES

(all liabilities payable within one year)

	PER BOOKS	DEBITS	CREDITS	AS ADJUSTED FOR PREQUALIFICATION
Notes payable bank	\$ _____	\$ _____	\$ _____	\$ _____
Notes or contracts on construction equipment and transportation obligations due within one year	_____	_____	_____	_____
Accounts payable	_____	_____	_____	_____
Accrued expenses (include wages, payroll taxes, fringe benefits, etc.)	_____	_____	_____	_____
Taxes				
Federal Income tax liability	_____	_____	_____	_____
Estimated deferred Federal and state income taxes for earnings on uncompleted contracts taken into current income	_____	_____	_____	_____
State of Michigan Income taxes	_____	_____	_____	_____
Other taxes (Specify)	_____	_____	_____	_____
Total Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Pension and profit sharing contributions payable	_____	_____	_____	_____
Billings in excess of cost and estimated earnings on uncompleted contracts	_____	_____	_____	_____
Mortgages payable (current portion) Other	_____	_____	_____	_____
Long-term liabilities (current portion) Other	_____	_____	_____	_____
Liabilities due within one year (Describe):	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CURRENT LIABILITIES	\$ _____	\$ _____	\$ _____	\$ _____
OTHER LIABILITIES				
Payable to affiliates	_____	_____	_____	_____
Officers and employees	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
TOTAL OTHER LIABILITIES	\$ _____	\$ _____	\$ _____	\$ _____
LONG-TERM LIABILITIES				
Long-term obligation on construction equipment	_____	_____	_____	_____
Other due after one year (Describe):	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL LONG-TERM LIABILITIES	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____	\$ _____

BALANCE SHEET (cont.)

Memorandum Entries
If Applicable

SHARE HOLDER'S EQUITY	PER BOOKS	DEBITS	CREDITS	AS ADJUSTED FOR PREQUALIFICATION
Capital Stock				
Common	\$ _____	\$ _____	\$ _____	\$ _____
Preferred	_____	_____	_____	_____
Paid-in surplus	_____	_____	_____	_____
Retained earnings	_____	_____	_____	_____
Sub Total	_____	_____	_____	_____
Less Treasury stock, at cost	(_____)	(_____)	(_____)	(_____)
TOTAL SHAREHOLDERS' EQUITY	\$ _____	\$ _____	\$ _____	\$ _____
PARTNERS' EQUITY	\$ _____	\$ _____	\$ _____	\$ _____
PROPRIETORSHIP EQUITY	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL EQUITY	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES AND EQUITY	\$ _____	\$ _____	\$ _____	\$ _____

INCOME STATEMENT
PER BOOKS OF ACCOUNT

Gross Billings on Contracts	\$	
*Costs of Contracts	\$	
Gross Profit (Loss) on Contracts	\$	
*Operating Expenses	\$	
Operating Income	\$	
Other Deductions (Net)	\$	
Other Income (Net)	\$	
Net Income Before Federal Income Tax	\$	
Federal Income Tax	\$	
NET INCOME (LOSS) FOR YEAR	\$	

*Amount of Depreciation Expense for Construction and Transportation Equipment included in above.
(Per total on pages 16 and 17) \$ _____

**THE ABOVE STATEMENT WILL NOT SERVE AS A
CERTIFIED PUBLIC ACCOUNTANT (CPA) INCOME STATEMENT.**

Summary – Depreciation Expenses

Building		\$ _____
Construction Equipment		\$ _____
Transportation Equipment		\$ _____
Office Furniture & Fixtures		\$ _____
Other _____		\$ _____

TOTAL \$ _____

DETAILS – CURRENT ASSETS

CASH:

In banks subject to withdrawal: _____ \$ _____

NAME OF BANK	ADDRESS	DEPOSIT IN THE NAME OF	AMOUNT

Certificates of Deposit: _____ \$ _____

NAME OF BANK	DATED	DEPOSITED IN THE NAME OF	INT. RATE	MATURITY DATE	WHERE HELD	AMOUNT

Have any of the above been pledged? Yes No

If yes, state amount, to whom and reason below:

MARKABLE SECURITIES:

(a) Listed – Book Value: _____ \$ _____

(b) Unlisted – Book Value: _____ \$ _____

NUMBER	NAME OF SECURITY	IN WHOSE NAME	PAR VALUE	MARKET VALUE

Have any of the above been signed or pledged? Yes No

If yes, state amount, to whom and reason below:

RECEIVABLES:

(a) Trade Accounts _____ \$ _____

(b) Notes Receivables _____ \$ _____

(c) Interests & Dividends Receivable _____ \$ _____

DUE FROM WHOM	AMOUNT

Have any of the above been sold, assigned, or pledged? Yes No

If yes, state amount, to whom and reason below:

DETAILS – CURRENT ASSETS (cont.)

Costs and estimated earnings in excess of billings of uncompleted contracts. SUBMIT SCHEDULE:

INVENTORIES (at lower of cost or market):

(a) Construction Materials \$ _____

(b) Other Supplies \$ _____

DESCRIPTION	PURCHASE FROM	QUANTITY	COST PRICE	MARKET VALUE

Costs of uncompleted contracts in excess of related billings recorded. SUBMIT SCHEDULE:

OTHER ALLOWABLE CURRENT ASSETS (Describe below):

DETAILS – CURRENT LIABILITIES

NOTES PAYABLE:

(a) To Banks \$ _____
 (b) Notes or contracts payable on construction
 equipment and transportation obligation \$ _____

TO WHOM	FOR WHAT	HOW SECURED	WHEN DUE	AMOUNT

ACCOUNTS PAYABLE:

(a) To Subcontractors \$ _____
 (b) Trade Accounts \$ _____

TO WHOM	FOR WHAT	HOW SECURED	WHEN DUE	AMOUNT

Billings in excess of cost and estimated earnings on the uncompleted contracts:

TO WHOM	FOR WHAT	HOW SECURED	WHEN DUE	AMOUNT

ACCURED EXPENSES (Describe below):

OTHER CURRENT LIABILITIES (Show details):

\$ _____

TO WHOM	FOR WHAT	HOW SECURED	WHEN DUE	AMOUNT

NON-CURRENT LIABILITIES

OTHER LIABILITIES (Show detail not shown on balance sheet):

TO WHOM	FOR WHAT	WHEN DUE	AMOUNT

LONG TERM LIABILITIES:

(a) Notes or contracts payable on construction equipment after one year \$ _____

(b) Other due after one year \$ _____

DESCRIPTION	AMOUNT

INFORMATION RELATED TO CPA PREPARING FINANCIAL STATEMENTS

FIRM NAME			TELEPHONE NO. ()
ADDRESS (Street)	CITY	STATE	ZIP CODE
CPA CONDUCTING EXAMINATION			CERTIFICATE NO.

LEGAL COMPANY NAME (BIDDER)

This information must be filled out completely for your Application to be processed.

NOTE: All information as listed on this schedule must be given separately for each major item of equipment. This statement is to be a detailed analysis of the net book value of construction and transportation equipment. It is a basis for determining the value of equipment in accordance with rules governing the rating of prospective bidders (see R247.41). List equipment separately by type (i.e., list all graders, then all loaders, then all dump trucks, etc.).

CONSTRUCTION AND TRANSPORTATION EQUIPMENT NET BOOK VALUE \$ _____

Table with 9 columns: DESCRIPTION TYPE AND CAPACITY, SERIAL OR IDENTIFICATION NO., DATE PURCHASED, DEPR. METHOD, EST. LIFE, PURCHASE PRICE, PRIOR YEARS' DEPRECIATION, CURRENT YEARS' DEPRECIATION, NET BOOK VALUE. The table contains 18 empty rows for data entry.

CONSTRUCTION AND TRANSPORTATION EQUIPMENT	NET BOOK VALUE \$ _____
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DESCRIPTION TYPE AND CAPACITY	SERIAL OR IDENTIFICATION NO.	DATE PURCHASED	DEPR. METHOD	EST. LIFE	PURCHASE PRICE	PRIOR YEARS' DEPRECIATION	CURRENT YEARS' DEPRECIATION	NET BOOK VALUE
Are there any liens against the above? If yes, what is the total amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No		TOTALS →					

IF AN INDIVIDUAL PROPRIETORSHIP, ANSWER THIS:

NAME OF INDIVIDUAL _____

ASSUMED NAME (If Applicable) _____

BUSINESS ADDRESS	STREET	CITY	STATE	ZIP CODE
RESIDENT ADDRESS	STREET	CITY	STATE	ZIP CODE
REGISTERED IN:	County		FEDERAL EMPLOYER NO.	

IF A CORPORATION, ANSWER THIS:

LEGAL CORPORATE NAME _____

REGISTERED OFFICE ADDRESS	STREET	CITY	STATE	ZIP CODE
FEDERAL EMPLOYER NO.	INCORPORATION DATE	STATE OF INCORPORATION		
NAME	RESIDENT ADDRESS			
RESIDENT AGENT				
PRESIDENT				
VICE-PRESIDENT				
SECRETARY				
TREASURER				

IF A PARTNERSHIP OR LIMITED LIABILITY COMPANY, ANSWER THIS:

LEGAL PARTNERSHIP OR LLC NAME _____

REGISTERED OFFICE ADDRESS	STREET	CITY	STATE	ZIP CODE
FEDERAL EMPLOYER NO.	DATE OF ORGANIZATION	PARTNERSHIP IS <input type="checkbox"/> General <input type="checkbox"/> Limited		
NAME OF PARTNERS/MEMBERS	RESIDENT ADDRESS			

PERSONS AUTHORIZED TO EXECUTE CONTRACTS

All partners must sign contracts, unless a power of attorney modifying this is supplied.
In case of a corporation, only those signatures listed below will be accepted.

The following persons are duly authorized to execute contracts and related documents on behalf of:

LEGAL COMPANY NAME (BIDDER)

NOTE: In addition, CORPORATIONS shall complete the Certificate of Secretary listing those persons authorized to execute contracts.

NAME (Print or type – Must match exactly with authorized legal signature)	AUTHORIZED SIGNATURE	DATE

EQUAL EMPLOYMENT OPPORTUNITY/EQUAL ACCESS PROGRAM

The bidder named below has initiated and intends to continue an equal employment opportunity policy designed to eliminate any discrimination in employment because of religion, race, color, national origin, age, sex, marital status, physical or mental handicap, weight or arrest record.

The bidder named below will not discriminate in providing its programs or services to the public because of religion, race, color, national origin, age, sex, marital status or physical or mental handicap. The bidder will also provide reasonable accommodation to the needs of individuals with disabilities consistent with state and federal law.

LEGAL COMPANY NAME (BIDDER)

CERTIFICATE OF SECRETARY

(Corporations only)

The undersigned, being the duly elected secretary of _____, a corporation, hereby certifies that the following resolution was duly adopted by the Board of Directors of said corporation at a meeting on _____ and that this resolution is in full force and effect:

“RESOLVED, That the following listed persons are hereby authorized to execute, on behalf of _____ any and all contracts with the State of Michigan or other governmental entity.”

NOTE: The names printed below **must be identical** to the authorized signers on page 19.

SIGNATURE OF SECRETARY	DATE
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AUTHORIZATION FOR VERIFICATION AND AFFIDAVIT

I, being duly sworn, understand that Act 170 of the Public Acts of 1933 permits, and the “Administrative Rules Governing the Prequalification of Construction Contractors” require the disclosure of financial and other information in the Confidential Prequalification Application and Financial Statement, Form 1313. I am also aware that the submission of false and deceptive information is a misdemeanor under Act 170, and submission of fraudulent statements may result in the prospective bidder not being prequalified, swear that to the best of my knowledge, the financial statements and other information set forth in this form are true and accurate statements as of the fiscal year end _____, and that the Certified Public Accountant who prepared the financial statement accompanying this form, as well as any depository, vendor or other agency named in these documents, is authorized to supply the Michigan Department of Transportation with any information to verify the statements contained in this form.

I also understand that by signing below I have/will use the E-Verify System to verify that new employees are legally present and authorized to work in the United States.

NAME (Print or type)	TITLE
LEGAL COMPANY NAME (BIDDER)	
SIGNATURE OF OWNER, OFFICER, OR PARTNER	DATE

Subscribe and sworn to before me this _____ day of _____ 20 _____

NOTARY PUBLIC SIGNATURE	COUNTY/STATE	COMMISSION EXPIRES
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NOTARY'S PRINTED NAME _____