

JOSEPHINE COUNTY
PUBLIC WORKS DEPARTMENT
GRANTS PASS, OREGON 97527



CONTRACTOR'S PREQUALIFICATION APPLICATION

Equipment and Experience Questionnaire

JOSEPHINE COUNTY PUBLIC WORKS DEPARTMENT
201 River Heights Way
Grants Pass, OR 97527 Phone (541) 474-5460

Application of _____
(Contractor's Registered Company Name)

- | | |
|--|---|
| <input type="checkbox"/> Individual Sole Proprietorship | Address to which all correspondence should be mailed: |
| <input type="checkbox"/> General Partnership | |
| <input type="checkbox"/> Corporation | Physical Address _____ |
| <input type="checkbox"/> Joint Venture (JV) | PO Box _____ |
| <input type="checkbox"/> Member of Joint Venture | City _____ State _____ Zip Code _____ |
| <input type="checkbox"/> Limited Liability Company (LLC) | Phone No. (Area Code) _____ |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | Fax No. (Area Code) _____ |
| <input type="checkbox"/> Limited Partnership (LP) | |
| <input type="checkbox"/> Assumed Business Name (ABN) | Date Application Prepared _____ |

This Prequalification Application is submitted for the following purpose: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> This is a prequalification application for such period of time as designated by the mandatory prequalification rules adopted by the Public Contracting Agency. | <input type="checkbox"/> This is a prequalification application for the _____
(Name of Project)
Scheduled Bid Opening: _____
(Date) |
| | <input type="checkbox"/> Local Government Project |
| | <input type="checkbox"/> State Government Project |

Reviewed By:
Reviewed Date:
Application Date:
Expire Date:
Exceptions:

INSTRUCTIONS

Introductory Statement:

In accordance with the statutes of the State of Oregon, every public contracting agency contemplating receiving bids for, and awarding any contract for, a public improvement may require any prospective bidder (*herein refer to as applicant*) to submit a full and complete statement concerning their equipment and experience in constructing public improvements.

The application and questionnaire forms, which are bound herewith, comply with the requirements of public contracting rules and must be used in determining the qualifications of applicants, and in assigning limits as to the size and kinds of projects for which the applicant may submit bids.

The applicant should use care and integrity in preparing this information. The public contracting agency may make independent inquiries concerning the contractor's past performance and/or capabilities.

Manner of Preparing and Filling in Forms:

This application shall include equipment and experience information for only the specific single business organization or entity which is applying for prequalification, and which would be the signatory on a contract with the public contracting agency.

All answers and other entries on the forms, except signatures, should be completed on a typewriter or printed. To make this possible, the forms may be taken apart by removing the staples by which they are bound. It shall be the responsibility of the applicant to return all pages, whether applicable or not. Failure to do so may be grounds for rejection.

All answers and entries shall be specific and complete in details.

The prequalification application shall be signed by the applicant and sworn to as the form indicates. The signatory of the statement guarantees the truth and accuracy of all statements and all answers to questions.

An original signed application must be sent to the public contracting agency. (Xerox or fax signatures will not be accepted.)

Use of Attachments:

Schedules, reports, and other forms of prequalification statements may be used as attachments to the prescribed form, provided that the information contained therein specifically includes the information required by this form.

Place of Submission:

Prequalification applications shall be submitted to the designated officer of the public contracting agency.

Time of Submission:

Each Public Contracting Agency may have specific time requirements for filing applications. The applicant should check with the designated officer of the applicable agency for submission time.

Appeal Due to Denial or Revocation of Prequalification:

In the event the applicant's application for prequalification is denied or in the event an existing prequalification is revoked, the applicant may appeal the denial or revocation in accordance with the rules adopted by the Josephine County Contract Review Board.

Notification of Action Taken:

The applicant will be notified, in writing, of the action taken on their application. The applicant will then be allowed to bid on such projects as are within the limits of size and the kind of work for which he or she has been declared qualified.

Period During Which a Qualified Applicant Remains Qualified:

An applicant who has been notified of prequalification for projects of a given size and kind will usually remain qualified until the date specified in the notification. The public contracting agency may limit prequalification approval to individual public improvement projects. Unless such applicant is otherwise notified by the public body, the applicant will be permitted to submit bids for any, and all, projects of said kind and size for which bids are to be received. The public body may, from time to time, require new or revised prequalification applications and have them approved prior to allowing a bid.

Josephine County Public Works Department shall be notified immediately in the event changes occur in the applicant's licenses, liability insurance coverage, personnel, facilities, equipment, or changed project conditions that may limit the applicant's ability to successfully complete the project, or any condition that may affect the applicants prequalification status.

Requirements of Continuing Prequalification:

Applicants who have once been qualified with an agency requiring prequalification, and who desire to maintain an uninterrupted prequalification standing are required to submit a new application periodically as required by such agency. Uninterrupted prequalification is contingent upon favorable action on the application. A prequalification may be revoked under the provisions of ORS 279.039.

Prequalification Status with the State of Oregon and City of Grants Pass:

If you are prequalified with the State of Oregon or the City of Grants Pass with regard to work performed within public right-of-way, you may submit copies of these materials along with your completed contractor prequalification application. The State of Oregon and or City of Grants Pass prequalification status will be considered in addition to the application information you provide.

Changes:

Requests for revision of the prequalification standing of any applicant will be considered whenever the applicant can make a showing of materially improved ability, but not more often than once in three months. Major changes must be submitted by a new prequalification application. If the changes are minor, such changes may be requested in letter form to the public contracting agency. Minor changes involve, but are not limited to, company name, and adding or deleting classes of work.

With, or without, a request from the prequalified applicant, the prequalification limitation on class of work or size of project MAY be reviewed and increased or decreased as found appropriate. The prequalified applicant will be notified in writing of any such revision.

Confidential Information:

The information furnished in the prequalification application will be treated as confidential information if so requested by the applicant. Contents of the application will not be disclosed to the public except upon the written order of the person, or persons, furnishing the same or upon an appropriate order of a court of competent jurisdiction.

Joint Venture:

A public contracting agency may adopt special requirements concerning joint venture. Before submitting a joint venture application, an applicant should ascertain if special instructions are applicable and obtain them from the designated public officer.

Insurance Requirement:

Insurance must meet requirements set forth in Exhibit "A". A valid Certificate of Insurance must be attached to this document.

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For Each Class of Work:

- A Enter the maximum dollar amount of work you are capable of performing.
- B Enter the maximum dollar amount of work you are qualified to undertake in other states.
- C Enter the state(s) where qualified for the amount shown in column 'B'.
- D Enter the number of years of experience in this class of work.

*****If more space is required, attach additional sheets.*****

(Highways, Roads, Streets, Airports)

Class	A. Max Dollar Amount	B. Qualified Dollar Amount	C. State(s)	D. Years Experience
Aggregate bases – highways, roadways, streets, and airport runways	_____	_____	_____	_____
Aggregate crushing	_____	_____	_____	_____
Asphalt concrete pavement and oiling – highways, roads, streets, and airport runways	_____	_____	_____	_____
Building – highways, rest areas, and parks (toilet, bathhouses, maintenance, sand sheds)	_____	_____	_____	_____
Earthwork and drainage – highways, roads, streets, and airport runways	_____	_____	_____	_____
Illumination – highways, streets, roads, airports, parks and rest areas	_____	_____	_____	_____
Land clearing – highways, roads, streets, and airports	_____	_____	_____	_____
Landscaping – highways, streets, roads, parks and rest areas (roadside seeding, lawns, shrubs, trees, irrigation systems)	_____	_____	_____	_____
Miscellaneous highway appurtenances (guardrails, median barriers, curbs, retaining walls, walks, fences, riprap, protective screening)	_____	_____	_____	_____
Painting steel bridges and grade separation structures	_____	_____	_____	_____
Pavement markings	_____	_____	_____	_____
Portland cement pavement – highways, roads, streets, and airport runways	_____	_____	_____	_____
Reinforced concrete, and structural steel bridges and grade separation structures	_____	_____	_____	_____
Signing – temporary and/or permanent for highways, streets, and roads	_____	_____	_____	_____
Traffic signals – highways, streets and roads	_____	_____	_____	_____
Other (list specific class)	_____	_____	_____	_____

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Continued

For Each Class of Work:

- A Enter the maximum dollar amount of work you are capable of performing.
- B Enter the maximum dollar amount of work you are qualified to undertake in other states.
- C Enter the state(s) where qualified for the amount shown in column 'B'.
- D Enter the number of years of experience in this class of work.

(Other Public Improvements)

Class	A. Max Dollar Amount	B. Qualified Dollar Amount	C. State(s)	D. Years Experience
Air conditioning	_____	_____	_____	_____
Building alteration and repair	_____	_____	_____	_____
Building construction	_____	_____	_____	_____
Demolition and related excavation and Clearing	_____	_____	_____	_____
Drainage	_____	_____	_____	_____
Electrical wiring	_____	_____	_____	_____
Heating	_____	_____	_____	_____
Municipal street construction	_____	_____	_____	_____
Painting and decorating	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Roofing	_____	_____	_____	_____
Sewer construction	_____	_____	_____	_____
Sewage pumping station	_____	_____	_____	_____
Sewage treatment plants	_____	_____	_____	_____
Sheet metal work	_____	_____	_____	_____
Water lines	_____	_____	_____	_____
Water reservoirs	_____	_____	_____	_____
Water tanks – steel, concrete, wooden	_____	_____	_____	_____
Well drilling	_____	_____	_____	_____
Other, (list specific class)	_____	_____	_____	_____

7 If a limited liability company, limited liability partnership, or a limited partnership, indicate below:

- Check one: Limited liability company
 Limited liability partnership
 Limited partnership

Have you registered with the State Corporation Division, Business Registry? Yes No

Name and address of organizer: _____

List who is authorized to execute contracts: _____

(Additional documentation may be required by the public contracting agency)

8 If doing business under an assumed business name, please complete the following information:

Name of assumed business: _____

Owner's name and address: _____

Registration date: _____ Expiration date: _____

9 If doing business as a sole proprietorship, please complete the following information:

Name of individual liable for all obligations of business: _____

If you are a sole proprietor using an assumed business name, please list name below:

Registration date: _____ Expiration date: _____

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Applicant's Experience Questionnaire

List major projects applicant has undertaken in the last five years.
(List most recent projects first)

Name and Address of Owner**	Name of Project	Class of Work	Contract Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

** Indicate name, address, and phone number including area code

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Applicant's Experience Questionnaire – Continued

List the following additional information for projects listed under Item 11
 (Use same line number as in opposite page)

Date of Completion (if completed)	Location of Work	*	Surety Company if Project Bonded	Architects or Engineering Firms
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

* Indicate whether: (P) Primary Contractor, (JV) Joint Venture, (Sub) Subcontractor

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Applicant's Experience Questionnaire – Continued

- A. How many years has applicant been in business under present name?
 As a primary contractor? _____ As a subcontractor? _____
- B. How many years' experience in construction work has applicant had?
 As a primary contractor? _____ As a subcontractor? _____

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Please list is the construction experience of all owners, officers, partners, and principal individuals in applicant's organization? Also list any other individuals or organizations who, in any way and to any extent, control or influence the bidding.

Individual's Name	Present Position or Office	Years of Construction	Magnitude and Type of Work	In What Capacity?

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Indicate contractor's licenses or registration numbers held as required by Oregon Statutes:

- Corporation Division Registration No. _____
- Construction Contractors Board No. _____
- Landscape Contractors License No. _____
- Electrical License No. _____
- Plumbing License No. _____
- Pressure Vessel Installers License No. _____
- Other License No. _____

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Following space may be used for general remarks and explanations pertaining to the foregoing prequalification statements: (Also explain here any experience claimed which is that of a business organization or entity, other than the applicant, including a business entity superseded by the applicant.)

17 Does applicant want the material herein to be kept confidential pursuant to ORS 279.037 & ORS 192.501(2)?
 (Check one) Yes No

18 OWNERSHIP AND CONTROL

(a) List any organization, owned or controlled by the applicant, its officers, directors, partners, and anyone owning at least 10% interest in the firm, or in which the applicant was, or is, an officer, director, or partner doing business in Oregon under another name. If none, so state.

(b) List those individuals, companies, or corporations owning 10% or more of applicant's firm.

(c) List all other personnel in applicant's organization who have a financial interest in, or serve as, officers or partners in another firm prequalified to bid in this or another state.

Individual's Name	Present Position or Office	Other Firm or Firms	Position in Other Firm(s)	State of Other Firm

19 Is your firm currently certified by the State of Oregon as a Disadvantaged Business Enterprise (DBE)?
 (Check one) Yes No

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- a) Have you ever been denied prequalification by any state, local, or federal agency in this or any other state?
(Check one) Yes No If yes, please explain.

- b) Have you ever been debarred from bidding on contracts by any state, local, or federal agency in this or any other state under any state law or federal law?
(Check one) Yes No If yes, please explain.

- c) Has any officer or partner of the applicant ever applied for prequalification with the public contracting agency under a different name?
(Check one) Yes No If yes, please explain.

- d) Has the applicant ever failed to complete a state, local, or federal public improvement (works) contract?
(Check one) Yes No If yes, please explain.

- e) Has any officer or partner of the applicant ever been found in breach of a local, state, or federal contract?
(Check one) Yes No If yes, please explain.

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Name of contact person for information regarding this application. _____

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AFFIDAVIT:

STATE OF _____)
) ss
 County of _____)

I, _____ being first sworn, state that I am
 _____ of the applicant herein and that the statements made in this application
 (Title)

are true and I acknowledge that any false, deceptive, or fraudulent statements on the application, or at a hearing, will result in the denial of prequalification, that should there be any subsequent material reduction in applicant's ability to carry out any project for which applicant desires to submit a bid, applicant will give written notice of such change to the designated officer to whom this application is submitted at least ten days prior to the bid opening; and that it is understood that such notice may change the eligibility of applicant to submit the bid.

 (Original Signature) (Title)

Subscribed and sworn to before me this _____ day of _____, year _____

 Original Notary Public Signature
 My commission expires _____