



PREQUALIFICATION QUESTIONNAIRE

Mail to:

Arkansas Department of Transportation
Attn: Program Management Division
P.O. Box 2261
Little Rock, Arkansas 72203

Physical Address:

10324 Interstate 30, Little Rock, Arkansas 72209

Or

Email to:

pmd@ardot.gov

Telephone: 501-569-2536

IMPORTANT GENERAL INSTRUCTIONS

1. Each prospective bidder is required to file a prequalification questionnaire on a form approved by this Department. Outdated prequalification forms will no longer be accepted (current as of 12/2022). An audited financial statement is required with each new prequalification. Audited or reviewed financial statements will be accepted with prequalification renewals.
2. A questionnaire may be filed with the Department at any time. The terminal of fiscal date established by the prospective bidder is effective for twelve months from the date shown on the financial statement. A prospective bidder is authorized a four-month grace period to prepare and file a new questionnaire. An extension will not be given beyond the four-month grace period.
3. A reminder notification will be e-mailed to each prequalified prospective bidder during the anniversary month of the financial statement.
4. The prequalification questionnaire filed shall be completed with fillable forms with original signatures or prepared in ink. Prequalification questionnaires completed in ink must be clearly legible.
5. All information and schedules herein shall be completed. In those schedules where there is nothing to report, the notation "None" or "N/A" should be inserted. A detailed Equipment Schedule must be included in order to receive credit for the book value of the equipment.
6. If space is not sufficient, attach separate schedules and reference to appropriate asset/liability items.
7. To avoid delay, be sure that all signatures are affixed and notarized where indicated. (Corporate seal may be affixed to the Affidavit for Corporation.)
8. Accountant's Certificate must be signed by the individual preparing the prequalification questionnaire form as well as showing the Certified or Registered Public Accounting firm. The Accountant may use his own form of opinion to fit the individual case and attach it to the questionnaire in lieu of the printed forms. Any opinion given must clearly refer to the Financial Statement entered in the questionnaire.
9. The Prequalification Questionnaire shall be returned to the Arkansas Department of Transportation, Attention: Program Management Division, P.O. Box 2261, Little Rock, Arkansas 72203, delivered to 10324 Interstate 30, Little Rock, Arkansas 72209, or e-mailed to PMD@ardot.gov.
10. Each prospective bidder will be notified by e-mail upon completion of the Department's review.
11. Questions regarding the preparation of the prequalification questionnaire form may be directed to telephone number (501)569-2536 or by e-mail at PMD@ardot.gov.
12. The Department should be notified as soon as possible if there are any changes to the information provided in the Questionnaire.
13. The attention of prospective bidders is directed to Arkansas Code §17-25-101 et seq., Act 1048 of the 2015 Acts of Arkansas, being an "An Act to Amend the Law Concerning the Cost of Work and Materials Requiring a General Contractor's License; and for Other Purposes", and acts amendatory thereto. When the work offered is financed in whole with State funds and is estimated to cost \$50,000 or more, the prospective bidder must show evidence of license with the Contractors Licensing Board for the State of Arkansas before being furnished with a proposal form.

Licensing with the Arkansas Contractors Licensing Board is not a prerequisite to bidding on projects that are funded in whole or in part with Federal-aid funds. However, an unlicensed successful bidder must become licensed within 90 calendar days after the written notice of award.

The application for a contractor's license may be obtained from the Arkansas Contractors Licensing Board at (501)372-4661 or <https://www.aclb.arkansas.gov/>.

14. Any company or officer working on a project that is funded in whole or in part with Federal-aid funds must be registered for System of Award Management (SAM) www.sam.gov to avoid any unnecessary delay in the prequalification process. The contractor's Unique Entity ID assigned by SAM should be listed on Page 1 of the Prequalification Questionnaire.

PREQUALIFICATION QUESTIONNAIRE CHECKLIST

In order to expedite and facilitate the prompt approval of your prequalification statement, the following information **MUST** accompany your submission. Failure to provide all requested information may result in a delay of the approval process.

___ Company Contact Information (Page 1)

___ ARDOT Certification of Officers/Owners/Partners (Page 2)

___ Contractor's Statement of Experience (Pages 3-5)

___ Criminal Background Information (Page 6)

If you answered yes to question #6 in the Contractor's Statement of Experience, complete this form.

___ Financial Statement/Details Relative to Assets/Details Relative to Liabilities (Pages 7-12)

OR

___ Financial Statement from an Independent Accountant or Auditor

___ Accountant's Certificate (Pages 13 & 14)

OR

___ Independent Accountant's Report (Opinion Statement)

___ Affidavit for Individual, Co-partnership, **OR** Corporation/LLC/LP (Pages 15-17)

___ Work Classifications (Page 18)

___ Equipment Depreciation Schedule (Page 19)

OR

___ Independent Report

___ E-mail Contact Form (Page 20)

___ W-9

COMPANY CONTACT INFORMATION

The information provided on this form will be used as the main contact information for your company, will be updated in our database, and used for any correspondence throughout the Department.

COMPANY: _____

SUBMITTED BY: _____
(Name of Individual) (Phone Number)

MAILING ADDRESS: _____
(Public Information) Street or P.O. Box

City State Zip Code

LOCATION ADDRESS: _____
(If different from Mailing Address) Street

City State Zip Code

TELEPHONE: _____ FAX: _____
(Public Information) (Include Area Code) (Public Information) (Include Area Code)

FEDERAL TAXPAYER ID NUMBER: _____

EMAIL ADDRESS: _____
(Public Information)

SAM UNIQUE ENTITY ID: _____

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers interrogatories hereinafter made.

OFFICER'S SIGNATURE: _____

NOTE: INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS CONFIDENTIAL (unless otherwise noted). The Department should be notified as soon as possible of any changes regarding the information provided.

CERTIFICATION OF OFFICERS/OWNERS/PARTNERS

I, the undersigned, do hereby certify that the following list includes **ALL** Officer/Owners/Partners of the Company and that each person's authority to enter into agreements/contracts with the Arkansas Department of Transportation is indicated below.

Is this person
authorized to enter into
agreements?

IMPORTANT: The full legal name should be listed as it appears on their drivers license.

Printed Name	Title	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Company Name	Date (Required)
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Signature (Must be Officer/Owner/Partner)	Title (Required)
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Printed Name	Federal Employer Identification Number
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Return to:

Arkansas Department of Transportation
Attention: Program Management Division
P.O. Box 2261
Little Rock, AR 72203-2261

E-mail: pmd@ardot.gov
Fax: (501) 569-2623

Note: If any of the information provided on this certification is revised in any manner, a revised form, accompanied by a certified power of attorney, should be submitted to the address listed on Prequalification Cover Page or emailed to pmd@ardot.gov.
Additional pages may be used as needed.

CONTRACTOR'S STATEMENT OF EXPERIENCE

For the following questions 1-8 , You/Your means this organization, any officer, the qualifier of this company, you, or anyone who owns 10% or more of the entity. Answering yes to any of the following questions will NOT automatically disqualify your Prequalification. **This document is required and shall not be omitted from the Prequalification Questionnaire.**

- 1 Have you ever failed to complete any work awarded to you? ☐ Yes ☐ No If so, explain the situation, location, and project owner.
If more room is needed, please attach additional sheets.
- 2 Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? ☐ Yes ☐ No
If so, state the name of the individual, other organization, and reason therefore.
- 3 Has any officer or partner of your organization ever failed to complete a construction contract handled in his/her own name? ☐ Yes ☐ No
If so, state the name of the individual, name of owner, and reason therefore.
- 4 Has any officer, employee or representative of your organization been convicted of a bidding crime (*i.e. Bid Rigging, RICO*) resulting from a jury or bench trial, entered into a plea of guilty or nolo contendere, made a public admission, made a presentation as an unindicted co-conspirator, or gave testimony, which is protected by a grant of immunity, in any jurisdiction within the past five (5) years? ☐ Yes ☐ No
If so, provide information as to date of the offense and conviction, details of the offense, court documents (*indictment, Judgement and Probation/Commitment Order*), and other pertinent information.
- 5 Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of you above) If yes, attach a written explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors that shows the amounts owed to each creditor and a copy of the bankruptcy discharge. ☐ Yes ☐ No
- 6 Have you ever pleaded guilty, no contest, nolo contendere, been convicted, found guilty, or been sentenced for any felony or misdemeanor, other than traffic violations? (See definition of you/your above) If yes, complete the Criminal Background Information form (page 6) for each offense. ☐ Yes ☐ No
- 7 Do you or any construction related entity in which you own 10% or more, have any outstanding liens, judgments, or pending litigations that would prevent you from bidding or working in or with a specific local, state, or federal agency? (See definition of you/your above) If yes, provide additional information. ☐ Yes ☐ No
- 8 Have you ever had a license revoked or suspended, been penalized or disciplined, by the Arkansas Contractors Licensing Board, the Arkansas Residential Committee, or comparable groups in any other state? (See definition of you/your above) If yes, provide additional information. ☐ Yes ☐ No

CONTRACTOR'S STATEMENT OF EXPERIENCE (Continued)

9 How many years has your organization been in business as a contractor: (a) under your present business name? _____ years.
(b) Under the name of _____ years.

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

(a) As a general contractor?	(b) As a subcontractor?
_____	_____

11	What is the construction experience of the principal individuals of your present organization?
----	--

[illegible]

12 List principal projects your organization has completed in past three years:

[illegible]

CONTRACTOR'S STATEMENT OF EXPERIENCE (Continued)	
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Note: Be specific on Number 13 through Number 16 by giving complete address including ZIP code and person to be contacted.

13 Show the projects your organization has under contract or pending award:

[illegible]

14 For what cities/counties have you performed work, when and to whom?

15 For what state or federal agencies have you performed work, when and to whom?

16 With what other states are you prequalified to perform highway work?

17 If you are a corporation, list names and addresses of all subsidiary and affiliated companies.

[illegible]

If you answered **yes** to question #6 in the Contractors Statement of Experience, complete this form.

Criminal Background Information

In cases of multiple offenses, make a copy of this form to show information for each offense.

1. Offender's legal name: _____
2. Legal offense: _____
3. The date of the conviction: _____
4. The jurisdiction (Federal, State, County, or City): _____
5. The sentence: _____

6. If you were incarcerated, the date of your release: _____
7. If you were placed on probation or parole, the date of release from probation or parole: _____

8. Has the offense been sealed by the Court, pardoned, or expunged? If yes, which one? _____

9. Written explanation as to what occurred: _____

FINANCIAL STATEMENT

Company Name: _____

☐ An Individual
☐ A Partnership
☐ A Corporation

Employer Identification Number (Federal Tax Number) _____

Condition at Close of Business _____, 20____

ASSETS

DETAIL

TOTALS

Current Assets

1. Cash:	(a) on hand \$	(b) in bank \$	(c) elsewhere \$	\$	
2. Notes Receivable:	(a) Amounts due within one year				
	(b) Past due				
3. Accounts receivable from completed contracts exclusive of claims not approved for payment					
4. Sums earned on uncompleted contracts as shown by Engineer's or Architect's estimate:					
	(a) Amount receivable after deducting amounts retained				
	(b) Amounts retained to date, due upon completion of contracts				
5. Accounts receivable from sources other than construction contracts					
6. Deposits for bids or other guarantees:	(a) Recoverable within 90 days				
	(b) Recoverable after 90 days				
7. Other Current Assets					
8. Stocks and Bonds: Current	(a) Listed	Present market value			
	(b) Unlisted	Present value			
9. Materials in stock not included in item 4:	(a) For uncompleted contracts				
	(b) Other materials				

Subtotal, Current Assets

\$

Fixed and Other Assets

10. Real Estate:	(a) Used for business purposes				
	(b) Not used for business purposes				
11. Equipment, at book value					
12. Furniture and fixtures, not at book value					
13. Other Assets (Non-Current)					

Subtotal, Fixed and Other Assets

\$

Total Assets

\$

LIABILITIES AND EQUITY

Current Liabilities

14. Notes Payable (Due within one year EXCLUSIVE of Real Estate and Equipment Encumbrances)				\$	
15. Due Subcontractors (retained percentage and current estimates)					
16. Accounts Payable:	(a) Not past due				
	(b) Past due				
17. Real Estate Encumbrances due within one year					
18. Equipment Encumbrances due within one year					
19. Other Liabilities due within one year					

Subtotal, Current Liabilities

\$

Liabilities

20. Notes Payable (amounts due after one year EXCLUSIVE of Real Estate and Equipment Encumbrances)				\$	
21. Real Estate Encumbrances due after one year					
22. Equipment Encumbrances due after one year					
23. Other Liabilities due after one year					

Subtotal, Liabilities

\$

24. Proprietor's or Partner's Equity					
25. Shareholders' Equity	Capital Stock paid up	Preferred: \$			
		Common: \$			
		Capital Surplus: \$			
		Retained Earnings: \$			
		Less Treasury Stock at cost: \$			

Shareholders' Equity

\$

Total Liabilities and Equity

\$

26. Contingent Liabilities - listed and described on separate schedule				\$	
--	--	--	--	----	--

IMPORTANT: All items shown in the above FINANCIAL STATEMENT must be detailed in the schedules on subsequent pages.

Do not change the descriptive title of any balance sheet item or supporting schedule. For item(s) not specifically listed, use the applicable schedule(s).

SHOW MONEY VALUE IN DOLLARS

DETAILS RELATIVE TO ASSETS

1	Cash	(a) On hand	\$		
		(b) Deposited in banks named below	\$	\$	
		(c) Elsewhere (state where)	\$		
				Total	
Name of Bank		Location	Deposit in Name of	Amount	

2*	Notes receivable	(a) Due within one year	\$		
		(b) Past due	\$	Total	
Receivable From: Name and Address		For What	Date of Maturity	How Secured	Amount

Have any of the above been discounted or sold? _____ If so, state amount, to whom, and reason _____

3*	Accounts receivable from completed contracts exclusive of claims not approved for payment				\$
Name and Address of Owner		Nature of Contract	Amount of Contract	Amount Receivable	

Have any of the above been assigned, sold or pledged? _____ If so, state amount, to whom, and reason _____

4*	Sums earned on uncompleted contracts, as shown by Engineer's or Architect's estimate:						
	(a) Amounts receivable after deducting retainage				\$	\$	
	(b) Retainage to date due upon completion of contract				\$	Total	
Designation of Contract and name and Address of Owner		Amount of Contract	Amount Earned	Amount Received	Retainage		Amount Exclusive of Retainage
					When Due	Amount	

Have any of the above been sold, assigned or pledged? _____ If so, state amount, to whom, and reason _____

* List separately each item amounting to 10 percent or more of the total and combine the remainder.

DETAILS RELATIVE TO ASSETS - Continued

5*	Accounts receivable not from construction contracts			(a) Officers & Employees	\$	\$
				(b) Other	\$	
						Total
Receivable from: Name and Address		For What	When Due	Amount		
What amount, if any, is past due						
6	Deposits for bids or otherwise as guarantees				\$	
Deposited with: Name and Address		For What	When Recoverable	Amount		
7	Other Current Assets (Include Current Investments)				\$	
Description					Amount	
8	Stocks and Bonds:		(a) Listed - present market value	\$	\$	
			(b) Unlisted - present value	\$		
					Total	
Description		Issuing Company	Per Share		Quantity	Amount
			Cost	Market Value		
1						
2						
3						
4						
5						
6						
7						
Who in Possession		If any are Pledged or in Escrow, State for Whom, and Reason				Amount Pledged or in Escrow
1						
2						
3						
4						
5						
6						
7						

*List separately each item amounting to 10 percent or more of the total and combine the remainder.

9	Materials in stock and not included in item 4; Assets:	
	(a) For use on uncompleted contracts	\$
	(b) Other materials	\$
		Total

[illegible]

10	Real Estate	(a) Used for business purposes	\$	\$
	Book Value	(b) Not used for business purposes	\$	Total

Description of Property	Improvements		Total Book Value
	Nature of Improvements	Book Value	
1			
2			
3			
4			
5			

Location	Held in Whose Name	Assessed Value	Amount of Encumbrances
1			
2			
3			
4			
5			

[illegible]

Are there any liens against the above? If so, state total amount \$

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12/2022

12	Furniture and fixtures at book value	\$
13	Others assets (Non-Current). (Include Long Term Investments)	\$
Total		
Description		Amount
Total Assets		\$

[illegible]12/2022

[illegible]

CERTIFICATE OF REVIEW

This Certificate of Review must be completed and signed by the accountant or a separate Auditor's Report addressed to the Arkansas Department of Transportation with the Accountant's original signature thereon must be attached.

We have reviewed the contractor's statement of Financial Condition of _____

as of _____, 20_____, in accordance with Statements on Standards or Accounting and

Review Services issued by the American Institute of Certified Public Accountants. All information included in the financial statement is the representation of the management of _____

A review consists principally of inquiries of Company personnel and analytical procedures applied to financial data. It is substantially less in scope than audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statement taken as a whole. Accordingly, we do not express such an opinion.

Based on our review, we are not aware of any material modifications that should be made to the accompanying Contractor's Statement of Financial Condition in order for it to be in conformity with generally accepted accounting principles.

Signature of Certified Public Accountant

Date Signed (month, day, year)

Typed or Printed name of Certified Public Accountant

Certificate number

State

Signature of Registered Public Accountant

Date Signed (month, day, year)

Typed or Printed name of Registered Public Accountant

License number

Employed by or associated with the accounting firm of:

Address (number and street, city, state, and ZIP code)

Telephone number

()

CERTIFICATE OF AUDIT

This Certificate of Audit must be completed and signed by the accountant or a separate Auditor's Report addressed to the Arkansas Department of Transportation with the Accountant's original signature thereon must be attached.

We have audited the Contractor's Statement of Financial Condition of _____

_____ as of _____, 20_____. This balance sheet is the responsibility of the Company's management. Our responsibility is to express an opinion on this balance sheet based on our audit.

Our audit was made in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the balance sheet is free of material misstatement. An audit includes examining, on the test basis, evidence supporting the amounts and disclosures in the balance sheet. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall balance sheet presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the balance sheet referred to above presents fairly the financial position of the said individual/copartnership/corporation

as of _____, 20_____, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Our audit was made for the purpose of forming an opinion on the balance sheet referred to above. The additional information included in Details Relative to Assets and Details Relative to Liabilities of this report is presented for purposes of additional analysis and is not a required part of the balance sheet. The information in such schedules has been subjected to the auditing procedures applied in the audit for the balance sheet; and, in our opinion, such information is fairly stated in all material respects in relation to the balance sheet taken as a whole.

Signature of Certified Public Accountant

Date Signed (month, day, year)

Typed or Printed name of Certified Public Accountant

Certificate number

State

Signature of Registered Public Accountant

Date Signed (month, day, year)

Typed or Printed name of Registered Public Accountant

License number

Employed by or associated with the accounting firm of:

Address (number and street, city, state, and ZIP code)

Telephone number

()

AFFIDAVIT FOR COPARTNERSHIP

STATE OF _____
 PARISH _____ ss.
 COUNTY OF _____

_____, being duly sworn, each deposes and says: That he is member of the partnership of _____;
(Name of Owner/Partner/Officer/Member) (Name of Copartnership)

that the foregoing statement of experience and all statements therein contained are true and correct and that he is familiar with the books of said firm showing its financial condition; that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and that the answers to the foregoing interrogatories are true. He further states: That the foregoing statements of experience and financial condition are submitted to the Arkansas State Highway Commission for the express purpose of being prequalified and eligible to perform work for the Arkansas State Highway Commission in accordance with the Specifications and Supplements thereto and that any depository, vendor or other agency herein named is hereby authorized to supply the Arkansas State Highway Commission with any information necessary to verify these statements.

Sworn before me this _____ day of _____, 20_____
 _____, Resident of _____ County, State of _____

Notary Public
 My Commission expires (mm/dd/yy) _____

Date of organization (mm/dd/yy) _____ Is partnership general, limited or association?

All Members of Firm Must Sign

The following partners or others are authorized to execute contracts binding the partnership.

Signature of Partner	1.
Typed or printed name of partner	2.
Signature of Partner	3.
Typed or printed name of partner	4.
Signature of Partner	5.
Typed or printed name of partner	6.
Signature of Partner	7.
Typed or printed name of partner	8.

AFFIDAVIT FOR CORPORATION/LLC/LP

By virtue of the original Articles of Incorporation or some subsequent official action of the Stockholders or Board of Directors, the following are the current officers of the corporation:

Chairman of the Board _____

President _____

Vice President _____

Secretary _____

Treasurer _____

The following officers and others are authorized to execute contracts binding the corporation

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Capital paid in cash _____

When incorporated? _____

In what state? _____

If a foreign corporation, give date admitted to do business in Arkansas?
(mm/dd/yy) _____

Is the corporation in good standing with the Secretary of State of Arkansas in the matter of annual reports? _____

STATE OF _____

PARISH _____ ss.

COUNTY OF _____

_____, being duly sworn, deposes and says: That he is _____
(Name of Owner/Officer) (Position Held)

of _____; the corporation described in,
(Company Name)

and which executed, the foregoing statement of experience and all statements therein contained are true and correct and that he is familiar with the books of the said corporation showing its financial condition; that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof and that the answers to the foregoing interrogatories are true. He further states: That the foregoing statements of experience and financial conditions are submitted to the Arkansas State Highway Commission for the express purpose of being prequalified and eligible to perform work for the Arkansas State Highway Commission in accordance with the Specifications and Supplements thereto; and that any depository, vendor or other agency herein named is hereby authorized to supply the Arkansas State Highway Commission with any information necessary to verify these statements.

Signature of officer _____

Sworn before me this _____ day of _____, 20 _____

_____, Resident of _____ County, State of _____
Notary Public

My Commission expires (mm/dd/yy) _____

NOTE: The Arkansas State Highway and Transportation Department will not accept any document that is notarized by a notary who is an officer, stockholder of the corporation, or by any relative of the signatory.

AFFIDAVIT FOR INDIVIDUAL

STATE OF _____
PARISH _____ ss.
COUNTY OF _____

_____, being duly sworn, deposes and says: That the foregoing statement of experience and all statements therein contained are true and correct and that the foregoing financial statement taken from his books is a true and accurate statement of his financial condition as of the date and that the answers to the foregoing interrogatories are true. He further states: That the foregoing statements of experience and financial condition are submitted to the Arkansas State Highway Commission for the express purpose of being prequalified and eligible to perform work for the Arkansas State Highway Commission in accordance with the Specifications and Supplements thereto; and that any depository, vendor or other agency herein named is hereby authorized to supply the Arkansas State Highway Commission with any information necessary to verify these statements.

NOTE: The Arkansas State Highway and Transportation Department will not accept any document that is notarized by a notary who is an officer, stockholder of the corporation, or by any relative of the signatory.

Signature of applicant

Sworn before me this _____ day of _____, 20 _____

_____, Resident of _____ County, State of _____

Notary Public

My Commission expires (mm/dd/yy) _____

WORK CLASSIFICATIONS

Please indicate what work your company performs (check all that apply). This information may be used for public inquiries regarding classifications of work.

1	<input type="checkbox"/>	Approach Slabs & Gutters
2	<input type="checkbox"/>	Asphalt Paving
3	<input type="checkbox"/>	Asphalt Surface Treatment
4	<input type="checkbox"/>	Base Work (Aggregate)
5	<input type="checkbox"/>	Bridge Painting
6	<input type="checkbox"/>	Building Construction
7	<input type="checkbox"/>	Concrete Paving
8	<input type="checkbox"/>	Concrete Work (Structures)
9	<input type="checkbox"/>	Drainage (Pipe Culverts, Precast Boxes, Etc.)
10	<input type="checkbox"/>	Earthwork
11	<input type="checkbox"/>	Engineering
12	<input type="checkbox"/>	Erosion Control
13	<input type="checkbox"/>	Guardrail
14	<input type="checkbox"/>	Hauling
15	<input type="checkbox"/>	Hydrodemolition
16	<input type="checkbox"/>	Microsurfacing
17	<input type="checkbox"/>	Polymer Overlay
18	<input type="checkbox"/>	Striping/Pavement Markings
19	<input type="checkbox"/>	Structures (Bridge and Box Culverts)
20	<input type="checkbox"/>	Traffic Control
21	<input type="checkbox"/>	Traffic Signals
22	<input type="checkbox"/>	Ultrathin Bonded Wearing Course

EQUIPMENT SCHEDULE

Each piece of equipment must be listed with cost, depreciation, and net book value. Each section should be totaled and include a grand total of all equipment.

[illegible]



ARKANSAS DEPARTMENT OF TRANSPORTATION

ARDOT.gov | IDriveArkansas.com | Lorie H. Tudor, P.E., Director

PROGRAM MANAGEMENT DIVISION

10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261 | Phone: 501.569.2262 | Fax: 501.569.2623

Please provide the name and email address and phone number of a primary and a secondary point of contact for your company for each category below and return with your Prequalification Questionnaire.

Company Name _____

Pre-Qualification Questionnaire

Primary contact name / email address _____

Secondary contact name / email address _____

Phone 1 _____ **Phone 2 (optional)** _____

Invoices (Bidding/Plans/Proposal Documents)

Primary contact name / email address _____

Secondary contact name / email address _____

Phone 1 _____ **Phone 2 (optional)** _____

Addenda

Primary contact name / email address _____

Secondary contact name / email address _____

Phone 1 _____ **Phone 2 (optional)** _____

Bid Preparation (Bid Express, Proposal Holders List)

Primary contact name / email address _____

Secondary contact name / email address _____

Phone 1 _____ **Phone 2 (optional)** _____

Liquidated Damages

Primary contact name / email address _____

Secondary contact name / email address _____

Phone 1 _____ **Phone 2 (optional)** _____

Contracts (Doc Express)

Primary contact name / email address _____

Secondary contact name / email address _____

Phone 1 _____ **Phone 2 (optional)** _____

Note: Please notify our office as soon as possible if your contact information changes.