



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY  
GOVERNOR

LYNDO TIPPETT  
SECRETARY

Subject: Prequalification of Contractor

Gentlemen:

Reference is made of your request that you be considered as prequalified to bid on work let to contract by the Department. We are attaching, for your information and further use, the Requirements and Procedures for Prequalification of Bidders with the necessary Experience Questionnaire and Safety Index Rating form. Please complete the package in accordance with the attached Requirements and Procedures and return to this office at least two weeks prior to the date of opening of bids.

Also, enclosed are four sets of reference forms. Please forward one set each to four firms which your company has performed highway work for (State Highway Agencies or other Government Agencies are preferred). For our reference, on Item 9 of the Experience Questionnaire, please list the firms you sent reference forms to.

Please be reminded to submit a list of available equipment, to complete and submit the attached W-9 form, and to submit your bonding information required on Item 15 of the questionnaire. Also, the Experience Questionnaire must be notarized properly.

Yours very truly,

Patrick Riddle  
State Contractual  
Services Engineer

By:

Kim High  
Program Assistant

PR:kh  
Enclosures

# **REQUIREMENTS AND PROCEDURES FOR PREQUALIFICATION OF BIDDERS BY NORTH CAROLINA DEPARTMENT OF TRANSPORTATION**

## **INTRODUCTION**

The Department of Transportation of the State of North Carolina, in accordance with General Statute 136-18(1), has been vested with the power of general supervision over all matters relating to the construction of State highways and the letting of contracts therefor. Pursuant to General Statute 136-28.1, it is the decision of the Department of Transportation that prospective Bidders shall prequalify with the Department.

## **APPLICATION**

These Requirements and Procedures shall apply to any individual, firm, corporation, or any other prospective Bidder desiring to be prequalified to bid on work proposed by the Department of Transportation.

## **AUTHORITY**

The Standard Specifications for Roads and Structures dated January 2002, Section 102-2, "Prequalification to Bid," states in part as follows:

"The requirements for prequalification will be furnished each prospective Bidder by the Engineer upon receipt of written requests. All required statements and documents shall be filed with the Engineer by the respective Bidder at least 2 weeks prior to the date of the opening of bids. A bid will not be opened unless all prequalification requirements have been met by the Bidder and have been found to be acceptable to the Engineer."

"Bidders shall comply with all applicable laws regulating the practice of general contracting as contained in Chapter 87 of the General Statutes of North Carolina."

## **REQUIREMENTS FOR PREQUALIFICATION**

1. Applicant must submit completed NCDOT Experience Questionnaire along with appropriate supporting information.
2. Applicant must submit completed NCDOT Safety Index Rating Form along with appropriate supporting information.
3. Applicant must demonstrate sufficient related experience in highway construction (type and dollar value of previous contracts).
4. Applicant must demonstrate a history of successful performance and completion of projects in a timely manner, subject to the usual contractual time adjustments.
5. Applicant must demonstrate ability to furnish appropriate bonds.
6. Applicant must demonstrate sufficient available equipment to perform highway construction contracts in a timely manner.
7. Applicant must demonstrate sufficient available experienced personnel to perform highway construction contracts. Both management and labor work force should be addressed.
8. Applicant must provide names and addresses of persons for whom the firm has performed related type work. Responses from the reference must be on the Department of Transportation forms and must be received by the Department of Transportation prior to evaluating the request for prequalification.

## **PROCEDURES**

Any prospective Bidder, not prequalified, shall submit his request to the Department of Transportation, Construction Unit, Contractual Services Section, 1543 Mail Service Center, Raleigh, N.C. 27699-1543. The prospective Bidder will be furnished an Experience Questionnaire Form which must be completed in its entirety and signed by an officer of the firm. The officer's signature shall be notarized.

Along with submitting the Experience Questionnaire Form as set forth above, the prospective Bidder shall submit appropriate supporting information in a format of his/her choosing to address the requirements listed above.

In addition, each prospective bidder will be furnished a Safety Index Rating form to be completed in its entirety.

Prospective Bidders should anticipate a minimum of two weeks for the Department to review submittals, contact references, etc., after which the firm will be notified in writing of its prequalification status.

All Bidders must requalify biennially. To requalify, the prospective Bidder must submit a completed Experience Questionnaire Form, acceptable to the Engineer, on or before the biennium date of the original prequalification. Forms will be furnished approximately 30 days prior to the biennium date and must be completed and executed in the same manner as the original form.

At any time there is a change in ownership or control of the Firm, the Firm shall promptly notify the State Contractual Services Engineer.

In addition to being prequalified with the Department of Transportation, a Bidder on projects financed with State funds only and amounting to \$30,000.00 or more must secure a license from the N.C. Licensing Board for Contractors. Information in regard to licensing may be obtained by contacting the N.C. Licensing Board for General Contractors, Post Office Box 17187, Raleigh, N.C. 27619, telephone (919) 571-4183.

(Revised 01-22-03)



**NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
CONSTRUCTION UNIT**

*Contractual Services Section  
1543 Mail Service Center  
Raleigh, North Carolina 27699-1543*

**Phone: (919) 733-7174 Fax: (919) 715-7378**

**EXPERIENCE QUESTIONNAIRE  
FOR  
PREQUALIFICATION**

FIRM NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
TELEPHONE ( ) - \_\_\_\_\_  
FAX NUMBER: ( ) - \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
DATE: \_\_\_\_\_

**OFFICIAL USE ONLY**

Prequalification Expires: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Ownership	<input type="checkbox"/>	By: _____	Date: _____	Signature	<input type="checkbox"/>	By: _____	Date: _____
Bonding	<input type="checkbox"/>	By: _____	Date: _____	Equipment	<input type="checkbox"/>	By: _____	Date: _____
Financial	<input type="checkbox"/>	By: _____	Date: _____	Notary	<input type="checkbox"/>	By: _____	Date: _____
References	<input type="checkbox"/>	By: _____	Date: _____	Affiliated Companies	_____		
Safety Index	<input type="checkbox"/>	By: _____	Date: _____				

1. How many years has your firm been in business as a contractor under your present business name? \_\_\_\_\_  
What is the previous firm name? (If applicable) \_\_\_\_\_

2. How many years has your firm been in the construction business? \_\_\_\_\_

3. Please list significant projects recently completed by your firm (use attachments if appropriate):

<i>Owner</i>	<i>Contract Amount</i>	<i>When Completed</i>	<i>Type of Work</i>	<i>Location of work</i>

4. Please list your significant uncompleted contracts below (use attachments if appropriate):

<i>Owner</i>	<i>Contract Amount</i>	<i>Estimated Completion Date</i>	<i>Type of Work</i>	<i>Location of work</i>

5. Has your firm been indicted, pled guilty, or been convicted of any offense that has resulted in your firm being disbarred from bidding or performing work for any State, Local, or Federal Government during the past five (5) years?  
Yes  No

If yes, attach a separate sheet(s) to this form providing pertinent details.

6. Has any officer, employee, or any other member of your firm been indicted, pled guilty, or been convicted of any legal restraints of trade (including collusive bidding) during the past (5) years?  Yes  No

If yes, attach a separate sheet(s) to this form providing pertinent details.

7. Has your firm or any officer, employee or member of your firm been debarred for violation of various Public Contract Acts incorporating Labor Standards Provisions during the past five (5) years?  Yes  No

If yes, attach a separate sheet(s) to this form providing pertinent details.

8. Is your firm under the protection of the bankruptcy court, or does it have any pending petition in bankruptcy court or has an assignment been made for the benefit of the creditors?  Yes  No

9. List the firm name, the contact person, and the mailing address of entities for whom/which you have performed work (State Highway Agencies or other governmental agencies are preferred).

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

10. List the principle members or officers of your firm that are involved in management, policy-making, or day-to-day operation of your firm. If there are more than three (3), attach a list. Attach a brief résumé for each individual.

	<i>Name</i>	<i>Position</i>	<i>Years of Construction Experience</i>	<i>Type of Work Experience</i>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

11. List all owners of 10% or more of your firm and the percent of ownership of each. List all individual owners by name of successive parent entities who own 10% or more of the applicant firm. If there are more than three (3), attach a list

	<i>Name of Individual</i>	<i>Percent of Ownership</i>
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____

Check if publicly owned business with no individual owning more than 10%

12. Identify each of those listed under question number 10 and 11 who own 10% or more financial interest in any other firm that is prequalified to do highway work in this or another state; name the other company, list the percentage of ownership and position held in the other firm. If there are more than three (3), attach a list.

	<i>Name of Individual or Firm</i>	<i>Name of Other Firm</i>	<i>Percent of Ownership</i>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

13. List all affiliates of the applicants including but not limited to (1) Joint Ventures, (2) Subsidiaries, (3) Parent Company, (4) companies owned or controlled by the parent company, (5) any company or firm having some mutual owners as the applicant which does business with the applicant. If there are more than three (3), attach a list.

	<i>Name of Firm</i>	<i>Address</i>	<i>Relationship</i>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

14. Attach an equipment list, financial statement, and any other financial information (lines of credit, bonding, capacities, etc.) that you wish the Department to consider in judging your application for Prequalification.

15. Attach a letter demonstrating your firm's ability to furnish a payment and performance bond in accordance with N.C. General Statute 44A-26 (currently for bids in excess of \$50,000). Failure to demonstrate the ability to furnish a bond will be cause for denial of Prequalification.

16. North Carolina Licensing Board for General Contractors License #: \_\_\_\_\_

17. Federal Tax Identification Number: \_\_\_\_\_

18. Is your firm a corporation?  Yes  No

19. Is your firm prequalified in its home state?  Yes  No

20. Is your firm currently certified as a Disadvantaged Business Enterprise (DBE)?  Yes  No  
(DBE means at least 51% owned and controlled by minorities or women)  
If yes, attach a copy of a current certification notice.

\_\_\_\_\_  
Firm Name  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

STATE OF \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me  
\_\_\_\_\_, for \_\_\_\_\_

(Official of Firm) \_\_\_\_\_ (Firm Name)

who signed the forgoing affidavit in my presence and made oath to the truth of the statement herein contained

\_\_\_\_\_  
(Notary Signature)

My commission expires \_\_\_\_\_

(Stamp/Seal)

# North Carolina Department of Transportation Bidder's List Information

1. Name of Firm \_\_\_\_\_

2. Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Is your firm a certified DBE with the North Carolina Department of Transportation?

- Yes  
 No

4. How many years has your firm been in existence? \_\_\_\_\_ years

5. Please indicate the proper range for your firm's annual gross receipts:

Example:

\$5,000,000 - \$7,500,000	<input checked="" type="checkbox"/>
---------------------------	-------------------------------------

\$0 - \$1,000,000	<input type="checkbox"/>
\$1,000,000 - \$2,000,000	<input type="checkbox"/>
\$2,000,000 - \$3,000,000	<input type="checkbox"/>
\$3,000,000 - \$4,000,000	<input type="checkbox"/>
\$4,000,000 - \$5,000,000	<input type="checkbox"/>
\$5,000,000 - \$7,500,000	<input type="checkbox"/>
\$7,500,000 - \$10,000,000	<input type="checkbox"/>
\$10,000,000 - \$12,500,000	<input type="checkbox"/>
\$12,500,000 - \$15,000,000	<input type="checkbox"/>
\$15,000,000 - \$20,000,000	<input type="checkbox"/>
\$20,000,000 - \$25,000,000	<input type="checkbox"/>
\$25,000,000 - \$30,000,000	<input type="checkbox"/>
\$30,000,000 - \$35,000,000	<input type="checkbox"/>
\$35,000,000 - \$40,000,000	<input type="checkbox"/>
\$40,000,000 - \$45,000,000	<input type="checkbox"/>
\$45,000,000 - \$50,000,000	<input type="checkbox"/>
\$50,000,000 - \$75,000,000	<input type="checkbox"/>

\$75,000,000 - \$100,000,000	<input type="checkbox"/>
\$100,000,000 - \$200,000,000	<input type="checkbox"/>
\$200,000,000 - \$300,000,000	<input type="checkbox"/>
\$300,000,000 - \$400,000,000	<input type="checkbox"/>
\$400,000,000 - \$500,000,000	<input type="checkbox"/>
Over \$500,000,000	<input type="checkbox"/>

Please return completed form to:  
 Mr. Patrick Riddle  
 State Contractual Services Engineer  
 North Carolina Department of  
 Transportation  
 Construction  
 1543 Mail Service Center  
 Raleigh, North Carolina 27699-1543

Or fax to: (919) 715-7378

**REQUEST FOR TAXPAYER  
IDENTIFICATION NUMBER AND CERTIFICATION**

Pursuant to Internal Revenue Service Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the State. If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid the 31% withholding and to insure that accurate tax information is reported to the Internal Revenue Service and the State, please use this form to provide the requested information.

Legal Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 Digit Taxpayer identification Number

Social Security Number: \_\_\_\_\_

Federal Employer identification Number: \_\_\_\_\_

Business designation (check one)

- Individual
- Sole Proprietorship
- Partnership
- Estate/Trust
- Corporation
- Public Service Corporation
- Government/non-profit

Under penalties of perjury, I declare that I have examined this request and to the best of my knowledge and belief, it is true, correct and complete. I have not been notified by the IRS that I am subject to backup withholding for failure to report income.

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Title (print of type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number





**Part 1: Contractor's Safety Philosophy Profile** (Possible 5 Points)

Listed below are questions to be used to determine your company's overall safety philosophy profile. Please provide the answer that best describes your company's present business approach and attitude towards safety. Any additional responses may be attached as needed. Although the questions are subjective, answers that are judged to provide a positive safety profile will result in an additional 5 points added to the overall index.

1. Do you currently have in force a written safety program?  Yes  No

If so, please attach a copy of the Title sheet

2. Do you have a designated safety officer?  Yes  No

- Full Time
- Part Time

3. Does your company provide drug/alcohol screening?  Yes  No

Please check the type of drug/alcohol testing performed:

- Random  Post Accident
- CDL Complaint  Other \_\_\_\_\_

Please check the positions below that receive drug/alcohol testing:

- Laborers  Operators
- Field Supervisors  Others \_\_\_\_\_

4. Are regular safety meetings held on project sites?  Yes  No

List frequency \_\_\_\_\_

Please check the positions that are required to attend on-site safety meetings:

- Laborers  Operators
- Field Supervisors  Others \_\_\_\_\_

5. Are new employees (permanent or temporary) provided with safety orientation?  Yes  No

6. Please check the following personal safety equipment required on each project site:

- Hard Hats  Safety Vests  Eye Protection\*
- Steel Toed Shoes  Fall Protection  Hearing Protection\*

7. Does your company provide safety training for field personnel?  Yes  No

Please check if the following training is provided and list the general frequency

- Trench Safety \_\_\_\_\_  Flagmen Training \_\_\_\_\_
- Equipment Operation \_\_\_\_\_  Fall Protection \_\_\_\_\_
- Work Zone Safety \_\_\_\_\_  Personal Safety Equipment \_\_\_\_\_

Is this training by  Internal Trainer  Outside Provider

Is documentation available?  Yes  No

8. Does your company perform scheduled inspections and maintenance on equipment safety devices?

Yes  No List frequency: \_\_\_\_\_

\* Consistent with the hazards for that site

**Official use Only**

Score: \_\_\_\_\_

**Part 2: Contractor's Safety Operating Profile** (Possible 105 Points)

Listed below are questions to be used to determine your company's safety operating profile. Please provide the answers that best describe your company's present business operating practices regarding safety. Any additional responses may be attached as needed. The North Carolina Department of Transportation will complete all scoring.

1. List your firm's Experience Modification rate (EMR) for the three most recent years:  
(Information is available from your workers' compensation insurance carrier)

Year: Rate: Average Rate = 1.0 = Score of 10  
Year: Rate: Average Rate 1.0 – 1.5 = Score of 0  
Year: Rate: Averages Rate = 1.5 = Score of -10

Average three year rate:

If you do not have an EMR, please attach an explanation.

2. Using your firm's OSHA 200/300 log and the formula below, determine your Incidence Rate for Total Lost Workday Cases for the three most recent years. The Department will compare the rate To OSHA's most recent national industry average for that year.

Incidence Rate for total lost workdays = (Number of injuries and illnesses that result in a loss Day(s) or day(s) of restricted work activity ÷ total hours worked by **all** employees during the Calendar year) x 200,000

Year: Rate: Incidence Rate = Industry Ave. = Score of 10  
Year: Rate: Incidence Rate > to 25% = Industry Ave. = Score of 0  
Year: Rate: Incidence Rate > 25% Industry Ave. = Score of -10

List your company's Standard Industry Classification Code (SIC) if different than 161  
(See SIC codes listed on back page)

If OSHA 200/300 logs are not maintained, please attach an explanation.

3. Within the last two years has OSHA cited your company for a repeat violation for any OSHA Defined serious injury in any state where your company operates?  Yes  No  
If so, please attach a detailed list of the violations.

(Score = 10, minus 5 for each repeated citation)

4. Within the last two years, has your company received any citations classified by OSHA as being Willful in any state where your company operates?  Yes  No  
If so, attach a copy of citation.

(Score = 30, minus 30 for each citation listed)

5. For any state where your company operates:  
Has your company experienced any work-related fatalities within the last five years?  Yes  No  
Where any citations issued by OSHA as a result of the work related fatalities?  Yes  No  
If so, please provide a copy of the citation.

(Score = 25, minus 25 for each fatality resulting from a safety citation)

6. Has your company within the last three years received any formal written suspensions by the Department of Transportation for violation of one of the safety emphasis areas below?  
If so, please attach a detailed list of each occurrence.

Excavating, Trenching, or Shoring:  Yes  No  
Fall Protection:  Yes  No  
Crane Safety:  Yes  No  
Equipment Safety Devices (backup alarms, etc.):  Yes  No

(Score = 20, minus 10 for each formal written suspensions)

Official Use  
Only

Score: \_\_\_\_\_

Industry  
Average

Year \_\_\_\_\_

Score: \_\_\_\_\_

Score: \_\_\_\_\_

Score: \_\_\_\_\_

Score: \_\_\_\_\_

Score: \_\_\_\_\_

### Part 3: Certification

I hereby certify that the information provided in this document is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Standard Industry Classification Codes For Construction

- 152: General Building Contractors – residential
- 153: Operative Builders
- 154: General Builders – nonresidential
- 161: Highway and Street Construction (Airports, highways, Streets & Sidewalks)
- 162: Heavy Construction, Except Highway and Street (Bridges, Tunnels, Water & Sewer)
- 171: Plumbing, Heating & Air Conditioning
- 172: Painting (includes bridge painting and pavement marking)
- 173: Electrical

If your company performs multiple classifications listed above along with Highway and Street construction, use SIC Code 161.

For additional SIC codes, contact OSHA of the U. S. Department of Labor or visit their website.  
(Revised 9/5/2002)

#### *Official Use Only*

#### **Contractor's Safety Index**

Part 1: Contractor's Safety Philosophy Profile Score: \_\_\_\_\_ (Maximum of 5 points)

Part 2: Contractor's Safety Operating Profile Score: \_\_\_\_\_ (Maximum of 105 points)

Contractor's Total Safety Profile Score: \_\_\_\_\_ (Maximum of 110 points)

**Contractor's Safety Index:**      **A+**      **A**      **B**      **C**      **D**      **Unsatisfactory**  
=100    90-99    80-89    70-79    60-69                      =59



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY  
GOVERNOR

LYNDO TIPPETT  
SECRETARY

To Whom It May Concern:

The Contractor shown on the attached reference questionnaire has requested prequalification with us in order to submit bids on projects let by the Department of Transportation. Information we have indicates they have performed work for you or that you have knowledge of their ability to perform certain type work.

We would appreciate it if you would provide us with the information shown on the attached form by completing it and returning it to the undersigned. This information shall be considered confidential and if you desire similar information about a Contractor that we may be familiar with, we will be glad to furnish the same.

Yours very truly,

Patrick Riddle  
State Contractual  
Services Engineer

By:

Kim High  
Program Assistant

PR:kh  
Attachment

# REFERENCE QUESTIONNAIRE FOR PREQUALIFICATION

Contractor Wishing to Prequalify: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Type of work performed of which you are familiar with \_\_\_\_\_

\_\_\_\_\_

	Above Average	Average	Below Average
Progress of such work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of such work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with as concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment of due bills for labor and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximate dollar amount of largest contract: \$ \_\_\_\_\_

Comparison with other contractors performing similar work:

Above Average     Average     Below Average

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Company: \_\_\_\_\_ Title: \_\_\_\_\_

RETURN TO:            CONTRACTUAL SERVICES  
 N. C. DEPARTMENT OF TRANSPORTATION  
 1543 MAIL SERVICE CENTER  
 RALEIGH, NORTH CAROLINA 27699-1543