



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
CONSTRUCTION UNIT – CONTRACTUAL SERVICES

SUBCONTRACTOR APPROVAL REQUEST FORM

COMPANY'S NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

TYPE OF WORK INTERESTED IN PERFORMING: _____

OWNERS OF COMPANY

PERCENT OF OWNERSHIP

COMPANY'S NAME: _____

EQUIPMENT LIST:

LIST # JOBS THAT YOUR COMPANY HAS WORKED ON:

*Please complete **ALL** information and fax form to (919) 715-7378*

Contractual Services Section

1543 Mail Service Center

Raleigh, NC 27699-1543

PHONE (919) 733-7174

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"/>
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\$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
- CDL Complaint
- Post Accident
- Other _____

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

- Laborers
- Field Supervisors
- Operators
- 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
- Field Supervisors
- Operators
- 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
- Steel Toed Shoes
- Safety Vests
- Fall Protection
- Eye 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 _____
- Equipment Operation _____
- Work Zone Safety _____
- Flagmen Training _____
- Fall Protection _____
- 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 companies present business operating practices regarding safety. Any additional responses may be attached as needed. The North Carolina Department of Transportation will complete all scoring.

<p>1. List your firm's Experience Modification rate (EMR) for the three most recent years: (Information is available from your workers' compensation insurance carrier)</p> <p>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</p> <p>Average three year rate:</p> <p>If you do not have an EMR, please attach an explanation.</p>	<p><i>Official Use Only</i></p> <p>Score: _____</p>
<p>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.</p> <p>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</p> <p>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</p> <p>List your company's Standard Industry Classification Code (SIC) if different than 161 (See SIC codes listed on back page)</p> <p>If OSHA 200/300 logs are not maintained, please attach an explanation.</p>	<p><i>Industry Average</i></p> <p>Year: _____</p> <p>Score: _____</p>
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach a detailed list of the violations.</p> <p style="padding-left: 40px;"><i>(Score = 10, minus 5 for each repeated citation)</i></p>	<p>Score: _____</p>
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, attach a copy of citation.</p> <p style="padding-left: 40px;"><i>(Score = 30, minus 30 for each citation listed)</i></p>	<p>Score: _____</p>
<p>5. For any state where your company operates: Has your company experienced any work-related fatalities within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No Where any citations issued by OSHA as a result of the work related fatalities? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide a copy of the citation.</p> <p style="padding-left: 40px;"><i>(Score = 25, minus 25 for each fatality resulting from a safety citation)</i></p>	<p>Score: _____</p>
<p>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.</p> <p>Excavating, Trenching, or Shoring: <input type="checkbox"/> Yes <input type="checkbox"/> No Fall Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No Crane Safety: <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment Safety Devices (backup alarms, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;"><i>(Score = 20, minus 10 for each formal written suspensions)</i></p>	<p>Score: _____</p>

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