

**STATE OF TENNESSEE
DEPARTMENT OF TRANSPORTATION
Nashville, Tennessee**



**PREQUALIFICATION
QUESTIONNAIRE**

(Begin Date Last Fiscal Year)

(End Date Last Fiscal Year)

By

Legal Business Name as Registered with Tennessee Secretary of State (if applicable)

- An Individual A Corporation A Limited Liability Company
 A General Partnership A Limited Liability Partnership A Limited Partnership

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax Number _____

E-mail Address _____

Tennessee Contractors License No. _____

Tennessee Secretary of State
Registration Control No. _____

**NOTE: INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS NOT CONFIDENTIAL
THE QUESTIONNAIRE MUST BE COMPLETED IN FULL
DO NOT OMIT ANY PAGES FROM THE QUESTIONNAIRE**

Submitted as required by the State of Tennessee, Department of Transportation,
under the provisions of Section 54-5-117, Tennessee Code Annotated, and Tennessee Department of
Transportation Rule 1680-5-3, Prequalification of Contractors.

INSTRUCTIONS TO APPLICANTS FOR PREQUALIFICATION

1. Any individual or organization that wishes to bid on a Department contract or to be approved as a subcontractor under any contract awarded by the Department must be prequalified by the Department.
2. As a prospective bidder or subcontractor you shall make yourself familiar with the Department's rules for the prequalification of contractors (Chapter 1680-5-3), which may be obtained from the TDOT Construction Division by calling (615) 741-2414 or reviewed online at https://www.tn.gov/content/dam/tn/tdot/documents/Ch_1680-5-3_Final_Rule.pdf.
3. An application for prequalification must be filed on the Department's Prequalification Questionnaire form. The Prequalification Questionnaire must be completed and submitted annually. Supplemental information may be required at the discretion of the Department.
4. This Prequalification Questionnaire must be filled out completely, and the truth and accuracy of the information provided must be certified by a sworn affidavit signed by an officer, partner, owner or other authorized representative of the applicant who has authority to sign contracts or other legal documents on behalf of the applicant. **On the appropriate Questionnaire provided, the applicant signatures and sworn affidavit may be completed and digitally signed, or a completed Questionnaire may be printed and signed, scanned and submitted by email.**
5. The Prequalification Questionnaire must be filed with the Department at least fourteen (14) days prior to the date of any letting in which the applicant wishes to submit a bid to the Department, or at least fourteen (14) days prior to the date on which the applicant requests approval as a subcontractor under a contract awarded by the Department.
6. You are required to notify the Department if there is any subsequent change in the name, organization or contact information provided on the front page of this Questionnaire or if there is a subsequent change in the information provided in response to Questions 7 through 10 of this Questionnaire. (See TDOT Rule 1680-5-3-.04(4) for additional information on this requirement.)
7. Prequalification with the Department, if approved, is effective for a period of one year, plus a three-month grace period, beginning with the Fiscal Year End date shown on the front page of this Questionnaire. A new Prequalification Questionnaire may be filed at any time.
8. All questions in this Prequalification Questionnaire must be answered. Attachments are permissible to any page where there is not enough space provided.
9. To avoid delay, be sure that all information is provided and that all signatures are affixed and notarized where indicated. No questionnaire will be approved if any required signature or notary seal is omitted.
10. **To apply, submit the completed Questionnaire to the Prequalification Office. The Department encourages Electronic Mailing to the address: TDOT.Prequals@TN.Gov. Or submit by hand delivery, certified mail, or overnight mail to the following address:**

Tennessee Department of Transportation
Construction Division, Prequalification Office
505 Deaderick Street
Suite 700, James K. Polk Building
Nashville, TN 37243-1402

11. It is recommended that you keep a copy of this completed form for your records.

PLEASE NOTE: The Board for Licensing Contractors is not a part of this Department and its licensing requirements are separate from this Department's prequalification requirements.

ADDITIONAL INFORMATION

1. The Department reserves the right to request additional information and documentation to clarify and/or verify any information submitted in an applicant's prequalification application.
2. The Department reserves the right to request an audited financial statement, documentation of its maximum bonding capacity, or other financial information for the Department's Prequalification Office to consider.
3. Additional information and/or documents requested by the Department or offered by the applicant will not be considered confidential except to the extent authorized or required by law.

GENERAL QUESTIONNAIRE

1. How many years has your organization been in business as a contractor under your present business name? _____
2. How many years of experience in construction work has your organization had?
A. As a Prime Contractor _____ B. As a Subcontractor _____

(Question 3 is voluntary)

3. a. Is your organization a minority owned or minority controlled business?
 yes no
- b. What is the race of the majority owner?
 Caucasian African American Hispanic
 Other (please specify) _____
- c. What is the gender of the majority owner?
 male female
4. Identify your firm's gross annual receipts for most recent fiscal year (check appropriate range) :
 \$0 - \$500,000 \$5,000,000 - \$10,000,000
 \$500,000 - \$1,000,000 \$10,000,000 - \$20,000,000
 \$1,000,000 - \$2,000,000 \$20,000,000 - \$50,000,000
 \$2,000,000 - \$5,000,000 \$50,000,000 and greater
5. Give the names and addresses of all surety bonding companies and agencies which have written surety bonds for you covering construction contracts during the last three (3) years.

Name of Bonding Company _____

Name of Agent _____

Agent Street Address _____

Agent City, State and Zip _____

Name of Bonding Company _____

Names of Agent _____

Agent Street Address _____

Agent City, State and Zip _____

6. Give the name, address and phone number of the person responsible for completing this Questionnaire.

AUTHORIZED SIGNATURES

7. Please provide the names and addresses of all individuals within your organization who are authorized to sign bid proposals and contracts on behalf of your firm. In the event any of these individuals is an officer, general partner or authorized representative of, or owns 10% or more of any other firm that is prequalified, or which has applied for prequalification, with the Department, please identify the affiliation or involvement with these other firms. The executed signature must be identical to signatures on future bid proposals submitted to the Department.

A.

Print Name	Signature	Position In Firm	Address	
<input type="checkbox"/> yes <input type="checkbox"/> no				
Involvement in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm	

B.

Print Name	Signature	Position In Firm	Address	
<input type="checkbox"/> yes <input type="checkbox"/> no				
Involvement in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm	

C.

Print Name	Signature	Position In Firm	Address	
<input type="checkbox"/> yes <input type="checkbox"/> no				
Involvement in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm	

D.

Print Name	Signature	Position In Firm	Address
<input type="checkbox"/> yes <input type="checkbox"/> no			
Involved in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm

E.

Print Name	Signature	Position In Firm	Address
<input type="checkbox"/> yes <input type="checkbox"/> no			
Involved in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm

F.

Print Name	Signature	Position In Firm	Address
<input type="checkbox"/> yes <input type="checkbox"/> no			
Involved in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm

G.

Print Name	Signature	Position In Firm	Address
<input type="checkbox"/> yes <input type="checkbox"/> no			
Involved in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm

H.

Print Name	Signature	Position In Firm	Address	
<input type="checkbox"/> yes <input type="checkbox"/> no				
Involvement in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm	

I.

Print Name	Signature	Position In Firm	Address	
<input type="checkbox"/> yes <input type="checkbox"/> no				
Involvement in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm	

J.

Print Name	Signature	Position In Firm	Address	
<input type="checkbox"/> yes <input type="checkbox"/> no				
Involvement in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm	

K.

Print Name	Signature	Position In Firm	Address	
<input type="checkbox"/> yes <input type="checkbox"/> no				
Involvement in Another Firm?	Name of Other Firm	Position Held In Other Firm	Financial Interest in Other Firm	

If additional space is needed, please make attachments to this page.

OFFICERS, PARTNERS AND OWNERS

8. In the table below, please provide the names and addresses of all officers of your firm (if any), all individuals or organizations that are general partners in your firm (if any), and all individuals or organizations that own 10% or more of your firm.

NAME	ADDRESS *	POSITION/OFFICE	% OWNERSHIP

* Only if different from the address of the Applicant.
If additional space is needed, please make attachments to this page.

AFFILIATES

9. Use the table below to identify all affiliates of your firm.

Affiliate's Name	Address	Percent Ownership	Affiliate's Type of Work	Affiliate's Relationship to Applicant

If additional space is needed, please make attachments to this page.

BUSINESS RELATIONSHIPS OF OFFICERS, PARTNERS AND OWNERS

10. For each officer, general partner, and owner of your firm identified in response to Question 8 of this Questionnaire, use the table below to identify whether such officer, general partner, or owner is also an officer, general partner or authorized representative of, or owns 10% or more of, any other firm that is prequalified with or has applied for prequalification with the Department.

Name of Officer, Partner, or Owner	Involved With Other Prequalified Firm or Applicant?	Name & Address of Other Firm	Position Held in Other Firm	% Ownership in Other Firm

If additional space is needed, please make attachments to this page.

BUSINESS RELATIONSHIPS OF IMMEDIATE FAMILY MEMBERS

11. For each officer, general partner, owner, and authorized representative of your firm identified in response to Questions 7 and 8 of this Questionnaire, use the table below to identify whether such officer, general partner, owner, or authorized representative has an immediate family member (a spouse, mother, father, son, daughter, brother, or sister – including step, half and adoptive relationships) who is an officer, general partner, authorized representative, or owner of 10% or more of any other firm that is prequalified with or has applied for prequalification with the Department.

Name of Officer, Partner, Owner or Authorized Rep.	Relative's Name	Relationship	Name of Other Prequalified Firm in Which Relative Has an Interest	Relative's % Ownership in Other Firm	Relative's Position in other Firm	Type of Work That Other Firm Performs

If additional space is needed, please make attachments to this page.

WORK CLASSIFICATIONS

12. Check all work classifications in which your company has prior experience and wishes to be given consideration for prequalification.

<input type="checkbox"/>	ASPHALT PAVING	<input type="checkbox"/>	MOWING AND LITTER REMOVAL
<input type="checkbox"/>	BARRIERS-PARAPETS, CONCRETE BARRIERS, ETC.	<input type="checkbox"/>	NON-ROADWAY CONSTRUCTION – BUILDINGS, REST AREAS, SALT BINS, ETC.
<input type="checkbox"/>	BASE – AGGREGATE BASES OR AGGREGATES	<input type="checkbox"/>	PAVEMENT MARKING
<input type="checkbox"/>	BRIDGE PAINTING	<input type="checkbox"/>	RIPRAP
<input type="checkbox"/>	CONCRETE PAVING	<input type="checkbox"/>	REMOVAL – BUILDINGS, STRUCTURES, ETC.
<input type="checkbox"/>	DRAINAGE – PIPE CULVERTS AND PRECAST BOXES	<input type="checkbox"/>	RAILROAD
<input type="checkbox"/>	ENGINEERING	<input type="checkbox"/>	SCALES AND WEIGHING
<input type="checkbox"/>	EROSION CONTROL	<input type="checkbox"/>	SIGNALS
<input type="checkbox"/>	EARTHWORK	<input type="checkbox"/>	SLIPLINE PIPE
<input type="checkbox"/>	CONCRETE FLATWORK	<input type="checkbox"/>	SNOW AND ICE REMOVAL
<input type="checkbox"/>	FENCE	<input type="checkbox"/>	STRUCTURES – BRIDGE
<input type="checkbox"/>	GUARDRAIL/ATTENUATORS	<input type="checkbox"/>	STRUCTURES – DRAINAGE
<input type="checkbox"/>	HAULING	<input type="checkbox"/>	SWEEPING AND DRAINAGE CLEANING
<input type="checkbox"/>	INCIDENTAL OR MISCELLANEOUS ITEMS	<input type="checkbox"/>	TRAFFIC CONTROL
<input type="checkbox"/>	INTELLIGENT TRAFFIC SYSTEMS	<input type="checkbox"/>	TUNNELS
<input type="checkbox"/>	LANDSCAPING – SEEDING, SODDING, TREES, ETC.	<input type="checkbox"/>	UTILITIES
<input type="checkbox"/>	LIGHTING – ELECTRICAL, ETC.	<input type="checkbox"/>	WALL – RETAINING WALLS

TYPE OF PREQUALIFICATION STATUS REQUESTED

**13. Please indicate whether you are seeking a general or limited prequalification within the work classifications indicated in response to Question 12.
(See TDOT Rule 1680-5-3-.05(2)(b) for additional information regarding the difference between general and limited prequalification status.)**

General **Limited**

(If limited please indicate the total number of contracts and/or aggregate amount of contracts that you would seek to perform at any given time.)

EXPERIENCE QUESTIONNAIRE

14. Current and recently completed contracts: Give adequate information to permit inquiry for references. Include all private and public projects.

Contract Number or Project Number	Project Owner	Sub/Prime	Classifications of Work Performed (List as many as possible)	Contract Amount	Completed on Time?	Status (% Complete or Date Completed)	Liquidated Damages or Disincentives Assessed?
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no

14. (Cont.) Current and recently completed contracts: Give adequate information to permit inquiry for references. Include all private and public projects.

Contract Number or Project Number	Project Owner	Sub/Prime	Classifications of Work Performed (List as many as possible)	Contract Amount	Completed on Time?	Status (% Complete or Date Completed)	Liquidated Damages or Disincentives Assessed?
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no

If additional space is needed, please make attachments to this page.

15. What is the construction experience of the principal individuals of your organization?

Name	Present Position/Office	Years Construction Experience	Magnitude/Type of Work	In What Capacity?

15. (Cont.) What is the construction experience of the principal individuals of your organization?

Name	Present Position/Office	Years Construction Experience	Magnitude/Type of Work	In What Capacity?

If additional space is needed, please make attachments to this page.

EQUIPMENT

16. List equipment owned by your firm, and then list separately equipment leased or otherwise available to you. Indicate whether the other firm from which you lease or otherwise obtain the equipment is prequalified with or has applied for prequalification with the Department. (You may attach your own equipment list in lieu of completing this page if all the required information is provided.)

Quantity	Item	Size or Capacity	Age	Owner of Equipment

16. (Cont.) List equipment owned by your firm, and then list separately equipment leased or otherwise available to you. Indicate whether the other firm from which you lease or otherwise obtain the equipment is prequalified with or has applied for prequalification with the Department.

Quantity	Item	Size or Capacity	Age	Owner of Equipment

16. (Cont.) List equipment owned by your firm, and then list separately equipment leased or otherwise available to you. Indicate whether the other firm from which you lease or otherwise obtain the equipment is prequalified with or has applied for prequalification with the Department.

Quantity	Item	Size or Capacity	Age	Owner of Equipment

If additional space is needed, please make attachments to this page.

CONTRACTOR RESPONSIBILITY

17. In the last five years has any of the following occurred?

A. The applicant or an affiliate associated with the applicant filed for bankruptcy.

yes no (If yes, explain below)

B. The applicant or an affiliate associated with the applicant defaulted on or failed to complete a public contract or had a public contract terminated for cause.

yes no (If yes, explain below)

C. The applicant or an affiliate associated with the applicant had a surety take over the payment or performance obligations of a public contract.

yes no (If yes, explain below)

D. The applicant or an affiliate associated with the applicant had liens, claims or stop work orders filed against it on a public contract.

yes no (If yes, explain below)

18. In the last five years has any of the following occurred?

A. The applicant, an affiliate of the applicant, or a general partner, owner, officer or authorized representative of the applicant (as identified in response to Questions 7 and 8 above) has been denied prequalification or has been suspended, debarred or otherwise excluded from bidding on or participating in any public contract by the Department or any other state, federal or local government agency.

yes no (If yes, explain below)

- B. The applicant, an affiliate of the applicant, or a general partner, officer, owner, or authorized representative of the applicant (as identified in response to Questions 7 and 8 above) has been convicted of, is currently under indictment for, or has been held liable in a civil judgment for any of the following:**
- (i) The commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public or private agreement or transaction.**
 yes no (If yes, explain below)

 - (ii) A violation of Federal or State antitrust statutes, including those prohibiting price fixing between competitors, allocation of customers between competitors, and bid rigging.**
 yes no (If yes, explain below)

 - (iii) The commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice.**
 yes no (If yes, explain below)

 - (iv) The commission of any offense indicating a lack of business integrity or business honesty that seriously and directly affects such person's or organization's present responsibility.**
 yes no (If yes, explain below)
- C. The applicant, an affiliate of the applicant, or a general partner, officer, owner, or authorized representative of the applicant (as identified in response to Questions 7 and 8 above) has been convicted of or is currently under indictment for any criminal violation of the Federal Water Pollution Control Act; has been convicted of any criminal violation of the Tennessee Water Quality Control Act; or has been convicted of any criminal violation of any other state's water quality or water pollution control act.**
 yes no (If yes, explain below)
- D. The applicant, an affiliate of the applicant, or a general partner, officer, owner, authorized representative of the applicant (as identified in response to Questions 7 and 8 above) received an enforcement order finding a violation of the Federal Water Pollution Control Act, the Tennessee Water Quality Control Act, or any other state's water quality or water pollution control act.**
 yes no (If yes, explain below)

CONTRACTOR SAFETY HISTORY

19. Complete the required safety information (If requested Contractor must provide supporting information).

A. Provide the information submitted on your OSHA Form 300A (Summary of Work-Related Injuries and Illnesses) and your calculated “Total Recordable Case Rate” and “DART Incidence Rate” for the most recent three (3) years. (Please refer to the USDOL Forms for Recording Work-Related Injuries and Illnesses for additional information)

YEAR	Total Number (#) of deaths	Total #of cases with days away from work	Total # of cases with job transfer or restriction	Total # of other recordable cases	# of hours worked by all employees	Total Recordable Case Rate	DART Incidence Rate

Explanation required if not applicable

B. Identify the number of TOSHA/OSHA inspections, the number of citations issued, and the total dollar amount of citations for the most recent year.

YEAR	Number (#) of TOSHA/OSHA Inspections	Total # of Citations issued	Total dollar amount of citations (\$)

AFFIDAVIT

_____, being duly sworn, deposes
and says that he/she is _____ of
(Title)

_____,
(Name of Applicant's Organization)

and he/she further states that the answers to the foregoing questions and all statements therein contained are true and correct. A person who makes a false statement in this prequalification is subject to penalties of perjury.

By _____
Signature of Authorized Employee

The authorized employee, whose signature appears on this document, having personally appeared before me, and being sworn, deposes and says that the above statements are true and correct.

Sworn to and subscribed before me this _____ day of _____, _____

(Notary Public)

My commission expires _____ day of _____, _____

(Seal)