

## REFERENCE QUESTIONNAIRE FOR PREQUALIFICATION

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

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

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

\_\_\_\_\_

	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 stakeholders	<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: \$ \_\_\_\_\_

Date work was completed by Contractor: \_\_\_\_\_

Comparison with other contractors performing similar work:

Above Average       Average       Below Average

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

Date: \_\_\_\_\_ By: \_\_\_\_\_

*Signature*

Company: \_\_\_\_\_ Title: \_\_\_\_\_

RETURN TO:      CONTRACTUAL SERVICES UNIT  
 N. C. DEPARTMENT OF TRANSPORTATION  
 1509 MAIL SERVICE CENTER  
 RALEIGH, NORTH CAROLINA 27699-1509