



**STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION**

Prequalification Management

1509 Mail Service Center  
Raleigh, North Carolina 27699-1509

**SUBCONTRACTOR  
FIRST TIME PREQUALIFICATION**

Please use legal company name with no abbreviations on all documents

COMPANY'S NAME: \_\_\_\_\_

FEDERAL TAX ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

<u>OWNERS OF COMPANY</u>	<u>PERCENT OF OWNERSHIP</u>	<u>RACE</u> (optional)	<u>GENDER</u> (optional)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **Checklist for Prequalifying as a Subcontractor**

By completing this package, your firm is requesting to be approved as a Subcontractor. The following checklist has been provided to assist you in completing this package. Please review this list and verify that all necessary items have been completed.

- 1. All information on the front sheet has been completed.
- 2. Items on page 3 of the application have been addressed.
- 3. Check the work codes for which your firm wishes to be approved.
- 4. List equipment that your firm rents and/or owns.
- 5. List examples of recent work experience.
- 6. Complete the Substitute W-9 page. Sign and date by an **officer** of your firm. Please note the section in the box in the middle of the form if you wish your payments to be made to an address other than the mailing address.
- 7. Complete Parts 1 and 2 of the Safety Index, including your firm's Experience Modification Rate (EMR) and Incident Rate. If you do not have worker's compensation insurance, please check the box associated with EMR. If your company is three years old or less, please note this next to Part 2, Question 1 where EMR is discussed. All firms must complete Parts 1 and 2 of the Safety Index. The Safety Index, as a whole, has a total of 110 possible points.
- 8. Complete the work location sheet. Please only check counties or divisions where you typically work. This action does not prevent you from working elsewhere in the state.
- 9. Complete the affidavit on the last page of the application.
- 10. Email completed package to: [Prequal@ncdot.gov](mailto:Prequal@ncdot.gov)

### **Applications not completed in their entirety will not be approved.**

If approved, your firm will be added to the vendor list Directory of Transportation Firms, which can be found at [Directory of Firms](#) by typing in the name of your firm and hitting Enter.

## General Questions

1. Is anyone working for your company, who is in a position to make decisions for the company, related by blood or marriage to any person employed by the North Carolina Department of Transportation (NCDOT)?

Yes       No

If yes, please provide the name(s) of said person(s) employed by NCDOT and the Unit or Division where they work.

Name: \_\_\_\_\_ Unit/Division: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Unit/Division: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Unit/Division: \_\_\_\_\_ Telephone: \_\_\_\_\_

If there are more than three, please attach a full list containing their name(s) and the Unit or Division where they are employed.

2. When was your company established? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Please list the previous name of your company, if any. \_\_\_\_\_

4. Please list your firm's annual gross receipts. \_\_\_\_\_

5. In many cases, you will be required to hold a contractor's license prior to perform the work. Please list all Contractor Licenses (not business licenses) that your firm currently holds for North Carolina. If your firm holds a North Carolina General Contractor License, please list its classification (Highway, Building, etc.). If there are more than three (3), attach a list.

License Type: \_\_\_\_\_ Classification: \_\_\_\_\_ Limitation \_\_\_\_\_ License #: \_\_\_\_\_

License Type: \_\_\_\_\_ Classification: \_\_\_\_\_ Limitation \_\_\_\_\_ License #: \_\_\_\_\_

License Type: \_\_\_\_\_ Classification: \_\_\_\_\_ Limitation \_\_\_\_\_ License #: \_\_\_\_\_

Please take a few minutes to let us know what type(s) of work your firm is qualified to perform by placing a check by the appropriate work code(s). Work Codes 000200 through 001740 correspond to the Article of the Standard Specifications that is applicable to the work. If there are any others, please list at the end with 099 Other.

**ONLY CHECK THE WORK YOUR OWN FORCES CAN ACCOMPLISH. DO NOT CHECK THE WORK THAT YOU SUBCONTRACT. ONLY CHECK WORK THAT YOU OFFER AS A BUSINESS SERVICE.**

**\*= Copy of North Carolina License Must Be Attached for this Work Code**

WORK CODE		ITEM DESCRIPTION	
<b>Hauling</b>			
<input type="checkbox"/>	050		Hauling (Gravel, Sand, Debris, etc. – Not Asphalt)
<input type="checkbox"/>	055		Hauling (Asphalt)
<b>Landscaping &amp; Erosion Control</b>			
<input type="checkbox"/>	1605		Temporary Silt Fence
<input type="checkbox"/>	1630		Silt Detention Device (Silt Basin)
<input type="checkbox"/>	1660		Seeding and Mulching
<input type="checkbox"/>	1670		Landscape Planting
<input type="checkbox"/>	16607		Mowing
<b>Concrete and Masonry</b>			
<input type="checkbox"/>	825		Incidental Concrete Construction
<input type="checkbox"/>	830		Brick Masonry Construction
<input type="checkbox"/>	840		Minor Drainage Structures (Drop Inlets, Catch Basins, etc.)
<input type="checkbox"/>	846		Curb and Gutter/Shoulder Berm Gutter
<input type="checkbox"/>	848		Sidewalk, Driveways, and Wheelchair Ramps
<b>Drainage</b>			
<input type="checkbox"/>	310		Pipe Installation
<b>Utility Installation</b>			
<input type="checkbox"/>	1400	*	Roadway Lighting*
<input type="checkbox"/>	1510		Water/Sewer Installation
<input type="checkbox"/>	2005		Directional Boring/ Directional Drilling
<input type="checkbox"/>	2010		Utility Installation/Removal: Gas
<input type="checkbox"/>	2020	*	Utility Installation/Removal: Power/Electricity*
<input type="checkbox"/>	2030		Utility Installation/Removal: Telephone
<input type="checkbox"/>	2040		Utility Installation/Removal: Cable Television
<b>Highway Preparation and Grading</b>			
<input type="checkbox"/>	200		Clearing and Grubbing
<input type="checkbox"/>	205		Sealing Non-Environmental Wells
<input type="checkbox"/>	210		Building Removal and Demolition
<input type="checkbox"/>	225		Roadway Grading and Excavation
<input type="checkbox"/>	501		Chemical Stabilization
<input type="checkbox"/>	520		Aggregate Base Course
<input type="checkbox"/>	560		Shoulder Construction

<input type="checkbox"/>	607		Milling Asphalt Pavements
<input type="checkbox"/>	801	*	Construction Surveying*
<input type="checkbox"/>	1601		Stream Restoration and Construction
<input type="checkbox"/>	1651		Selective Tree Removal/Trimming
<b>Paving</b>			
<input type="checkbox"/>	060		Asphalt/Concrete Saw Cutting
<input type="checkbox"/>	610		Asphalt Paving
<input type="checkbox"/>	654		Asphalt Pavement Repair
<input type="checkbox"/>	657		Crack and Joint Seal (Asphalt Pavement)
<input type="checkbox"/>	659		Microsurfacing and Slurry Seal
<input type="checkbox"/>	660		AST – Chip Seal
<input type="checkbox"/>	710		Concrete Pavement (Highways, not Sidewalks or Driveways)
<input type="checkbox"/>	711		Concrete Pavement Repair
<input type="checkbox"/>	712		Sawing and Sealing Joints
<input type="checkbox"/>	713		Diamond Grinding
<b>Highway Finishing</b>			
<input type="checkbox"/>	665		Milled Rumble Strips
<input type="checkbox"/>	862		Guardrail Installation
<input type="checkbox"/>	865		Guiderail Installation
<input type="checkbox"/>	866		Fence Installation
<input type="checkbox"/>	900		Permanent Signing
<input type="checkbox"/>	1204		Symbols, Characters, Markers, Non-Truck Lines
<input type="checkbox"/>	1206		Pavement Markings - Paint
<input type="checkbox"/>	1207		Pavement Markings-Thermoplastic
<input type="checkbox"/>	1208		Pavement Markings – Poly-Urethane
<input type="checkbox"/>	1209		Pavement Markings – Cold Applied
<input type="checkbox"/>	1210		Pavement Markings - Epoxy
<input type="checkbox"/>	1251		Pavement Markers
<b>Work Zone Safety</b>			
<input type="checkbox"/>	1105		Work Zone Traffic Control Devices
<input type="checkbox"/>	1110		Work Zone Signs (Ground Mounted and Barricade Mounted)
<b>Structures</b>			
<input type="checkbox"/>	080		Noise Walls
<input type="checkbox"/>	421		Concrete Structures (Box Culverts)
<input type="checkbox"/>	422		Concrete Structures (Bridges)
<input type="checkbox"/>	423		Grooving Bridge Floors
<input type="checkbox"/>	424		Box Beam and Cored Slab Bridges
<input type="checkbox"/>	425		Reinforcing Steel (Placing and Tying)
<input type="checkbox"/>	440		Steel Structures (Steel Superstructure Bridges only)
<input type="checkbox"/>	442		Painting Steel Structures (Bridges)
<input type="checkbox"/>	460		Concrete Barrier Bridge Rail
<input type="checkbox"/>	1072		Welding
<input type="checkbox"/>	3010		Retaining Walls (Cantilever)
<input type="checkbox"/>	3015		Retaining Walls (MSE)

<b>Signals and ITS</b>		
<input type="checkbox"/>	1407	Wood Pole Installation
<input type="checkbox"/>	1700	* Traffic Signals and ITS*
<input type="checkbox"/>	1730	Utility Installation/Removal: Fiber Optic Cable
<input type="checkbox"/>	1740	Metal Pole Installation
<b>Buildings - Vertical Construction</b>		
<b>Rest Area, Welcome Center, etc.</b>		
<input type="checkbox"/>	4000	Building, Framing
<input type="checkbox"/>	4010	* Plumbing*
<input type="checkbox"/>	4020	* Mechanical (HVAC)*
<input type="checkbox"/>	4030	* Electrical*
<input type="checkbox"/>	4040	Masonry (Buildings, not drainage structures)
<input type="checkbox"/>	4080	Doors and Windows
<input type="checkbox"/>	4090	Carpet
<input type="checkbox"/>	4100	Tile
<input type="checkbox"/>	4110	Toilet Accessories
<input type="checkbox"/>	4120	Toilet Partitions
<input type="checkbox"/>	4130	Signs (inside the building)
<input type="checkbox"/>	4140	Painting
<input type="checkbox"/>	4150	Irrigation/Lawn Sprinkler Systems
<input type="checkbox"/>	4180	Well Drilling
<input type="checkbox"/>	4190	Building Movers
<b>Weigh Station Construction</b>		
<input type="checkbox"/>	4510	Weigh-in-Motion
<input type="checkbox"/>	4520	Transponder Readers
<b>Geotechnical</b>		
<input type="checkbox"/>	075	Rock Slope Stabilization
<input type="checkbox"/>	220	Blasting
<input type="checkbox"/>	411	Drilled Piers for Bridges
<input type="checkbox"/>	3020	Retaining Walls (Anchored)
<input type="checkbox"/>	3030	Drilled Piers for Metal Poles
<input type="checkbox"/>	3040	Contaminated Materials Removal
<input type="checkbox"/>	3045	Drilling for Geoenvironmental Investigations
<input type="checkbox"/>	3050	Drilling for Geotechnical Investigations
<input type="checkbox"/>	3060	Pile Driving Analyzer (PDA)
<input type="checkbox"/>	3065	Crosshole Sonic Logging (CSL)
<input type="checkbox"/>	3070	Non-Destructive Foundation Testing
<input type="checkbox"/>	3080	Foundation Testing
<input type="checkbox"/>	3100	Micropiles
<input type="checkbox"/>	3110	Continuous Flight Auger (CFA) Piles
<input type="checkbox"/>	3120	Vibration and Noise Monitoring
<input type="checkbox"/>	3125	Structure Movement Monitoring
<input type="checkbox"/>	3130	Ground Improvement Methods
<input type="checkbox"/>	3135	Subsurface Grouting
<b>Railroad</b>		

<input type="checkbox"/>	5010		Track Construction
<input type="checkbox"/>	5020	*	Grade Crossing Signal Systems*
<input type="checkbox"/>	5030	*	Train Control Signal and Communication Systems*
<input type="checkbox"/>	5040	*	Railroad Electrical Traction Systems*
<input type="checkbox"/>	5050		Track Maintenance/Rehabilitation
<input type="checkbox"/>	5060		Timber Structures (Bridge)
<input type="checkbox"/>	5070		Railroad Signage
<input type="checkbox"/>	5080		At-Grade Crossing Surfaces
<input type="checkbox"/>	5090		Right-Of-Way Prime Contractor
<b>Disaster Recovery</b>			
<input type="checkbox"/>	6000		Disaster Debris Removal
<b>Aviation</b>			
<input type="checkbox"/>	8010		Airfield Concrete Paving
<input type="checkbox"/>	8020		Airfield Asphalt Paving
<input type="checkbox"/>	8060	*	Airfield Signage*
<input type="checkbox"/>	8070	*	Airfield Electronics and Navigation Aids*
<input type="checkbox"/>	8080		Airfield Hangars/Metal Buildings
<input type="checkbox"/>	8100		Airfield Markings
<input type="checkbox"/>	8130		Airfield Fuel Farms
<b>Marine</b>			
<input type="checkbox"/>	9100		Vessel Construction (Ferry)
<input type="checkbox"/>	9101		Vessel Repair (Ferry)
<input type="checkbox"/>	9200		Dock/Pier Construction
<b>Other</b>			
<input type="checkbox"/>	099		Other (Please List):
<input type="checkbox"/>	099		Other (Please List):
<input type="checkbox"/>	099		Other (Please List):
<input type="checkbox"/>	099		Other (Please List):

**\*= Copy of North Carolina License Must Be Attached for this Work Code**

# Equipment

Please list the **primary equipment** that your company uses for **EACH of the Work Codes** requested and designate whether you own or rent the equipment. Please list by simple descriptions. Brand names are not necessary. (Example: Trackhoe, not CAT 385C) Use additional sheets as necessary.

<b>Equipment Description</b>	<b>Number Each</b>	<b>Work Code Used For</b>	<b>Own</b>	<b>Rent</b>



# Project Experience

Please support each of your requested work codes by matching them with the projects your firm has performed and completed with its own work forces (not subcontracted out) during the last 5 years. Please report a **minimum of three (3) projects for each work code** requested (work codes checked on preceding pages).

**NOTE:** In order to process your application we need all 7 columns below filled out for each project your firm has completed:

- 1) Name OR Number & Location (State, City OR County) of the Project:
- 2) Brief Description of Work YOUR FIRM performed on each Project
- 3) Completion Date of Project on each Project- month and year
- 4) Amount YOUR FIRM was paid for each Project – NOT the PRIME Contractor's BID Amount
- 5) Work Code(s) YOUR FIRM performed on each Project
- 6) Name and Address of OWNER of each Project
- 7) Name & Address of PRIME Contractor of each Project

Name OR Number & Location (State, City OR County) of the Project ( <i>i.e. Mid River Bridge Replacement, Raleigh, NC</i> )	Brief Description of Work YOUR FIRM Performed on the Project ( <i>i.e. Installed 25 ft. of 12" R.C. Pipe Culvert</i> )	Completion Date of the Project ( <i>i.e. Month &amp; Year</i> )	Amount YOUR FIRM Was Paid for the Project	Work Codes YOUR FIRM Performed on the Project	Name and Address of OWNER of the Project	Name and Address of PRIME Contractor of Project

## Project Experience *Continued*

Name OR Number & Location (State, City OR County) of the Project <i>(i.e. Mid River Bridge Replacement, Raleigh, NC)</i>	Brief Description of Work YOUR FIRM Performed on the Project <i>(i.e. Installed 25 ft. of 12" R.C. Pipe Culvert)</i>	Completion Date of the Project ( i.e. <i>Month &amp; Year</i> )	Amount YOUR FIRM Was Paid for the Project	Work Codes YOUR FIRM Performed on the Project	Name and Address of OWNER of the Project	Name and Address of PRIME Contractor of Project

**SUBSTITUTE FORM W-9  
VENDOR REGISTRATION FORM  
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION**

Pursuant to Internal Revenue Service (IRS) Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the State. If this number is not provided, you may be subject to a 20% withholding on each payment. To avoid this 20% 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 exactly as it appears on file with the IRS.

**INDIVIDUAL AND SOLE PROPRIETOR: ENTER NAME AS SHOWN ON SOCIAL SECURITY CARD**

CORPORATION OR PARTNERSHIP : ENTER YOUR LEGAL BUSINESS NAME

**NAME:** \_\_\_\_\_

**MAILING ADDRESS: STREET/PO BOX:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**DBA / TRADE NAME (IF APPLICABLE):** \_\_\_\_\_

- BUSINESS DESIGNATION:**
- |   |   |
|---|---|
| <input type="checkbox"/> INDIVIDUAL (use Social Security No.) | <input type="checkbox"/> SOLE PROPRIETER (use SS No. or Fed ID No.) |
| <input type="checkbox"/> CORPORATION (use Federal ID No.)     | <input type="checkbox"/> PARTNERSHIP (use Federal ID No.)           |
| <input type="checkbox"/> ESTATE/TRUST (use Federal ID no.)    | <input type="checkbox"/> STATE OR LOCAL GOVT. (use Federal ID No.)  |
| <input type="checkbox"/> OTHER / SPECIFY _____                |   |

**SOCIAL SECURITY NO.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Social Security #)

**OR**

**FED.EMPLOYER IDENTIFICATION NO.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Employer Identification #)

COMPLETE THIS SECTION IF PAYMENTS ARE MADE TO AN ADDRESS OTHER THAN THE ONE LISTED ABOVE:

**REMIT TO ADDRESS: STREET / PO BOX:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_

Participation in this section is voluntary. You are not required to complete this section to become a registered vendor. The information below will in no way affect the vendor registration process and its sole purpose is to collect statistical data on those vendors doing business with NCDOT. If you choose to participate, circle the answer that best fits your firm's group definition.

What is your firm's ethnicity? ( Prefer Not To Answer,  African American,  Native American,  Caucasian American,  Asian American,  Hispanic American,  Asian-Indian \_\_\_\_\_ )

What is your firm's gender? ( Prefer Not to Answer,  Male,  Female) **Disabled-Owned Business?** ( Prefer Not to Answer,  Yes,  No)

**IRS Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. For complete certification instructions please see IRS FORM W-9 at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

\_\_\_\_\_  
**NAME (Print or Type)**

\_\_\_\_\_  
**TITLE (Print or Type)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHONE NUMBER**



# North Carolina Department of Transportation Safety Index Rating Form

Date:

FIRM NAME:

ADDRESS:

TELEPHONE NUMBER: ( )

FAX NUMBER: ( )



Requirements include provisions for the evaluation of a new or existing firm's safety record. A safety index of D to A+(60 to >100) is considered satisfactory. The Carolina Building Star Program membership can result in receiving extra credit toward your final score. In addition, a safety index of D (60 to 69) may be considered marginal and/or may result in a safety audit or inspection by either the North Carolina Department of Transportation's Construction Unit, Area Resident Engineer's Office or the Occupational Safety and Health Division of the North Carolina Department of Labor. Any safety index of U ( $\leq 59$ ) is considered unsatisfactory and will prohibit prequalification or approval of new firms and/or renewal for existing firms. These companies will not be approved for prequalification or subcontractor approval until they can provide adequate evidence that safety deficiencies have been corrected.

Safety Index Rating		
<u>Total Safety Profile Score</u>	=	<u>Index</u>
$\geq 100$	=	A+
90-99	=	A
80-89	=	B
70-79	=	C
60-69	=	D
$\leq 59$	=	U (Unsatisfactory)

When any existing prequalified bidder or approved subcontractor company's safety index becomes unsatisfactory, that firm will be subject to removal from the Department's List of Prequalified Bidders and/or Approved Subcontractors. Once the Contractor's safety index becomes unsatisfactory, it will be required to show cause in writing as to why the company should not be removed from the prequalified bidders' and/or approved subcontractors' lists. After the Department reviews the Contractor's safety records and show cause response, one of the following actions may be taken: The Contractor may (1) be removed from the list of prequalified bidders and/or approved subcontractors, (2) be placed on probation for up to two years, (3) perform an in-depth safety inspection of their firm's safety practices, (4) receive a written warning to correct the deficiency, or (5) any combination of the previous.

The action taken will depend on the severity and nature of the safety violations. Any removal from the list of prequalified bidders and/or approved subcontractors will be for a minimum of 30 days. To be reinstated, the Contractor must satisfactorily demonstrate that all safety deficiencies have been corrected. Any company that is repeatedly removed from the list of prequalified bidders and/or approved subcontractors due to safety may be subject to permanent disqualification.

The safety index rating procedures have been designed to minimize any impact on the final safety index rating related to the size of the company.

**OFFICIAL USE ONLY**

Safety Index Rating: \_\_\_\_\_ Prequalification Expires: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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

Listed below are questions to be used to determine your company's overall safety profile. Please provide the answer that best describes your company's present business approach 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 a written safety program in full force and effect?  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 that your firm requires employees to use 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 that training for these items is provided:

Trench Safety \_\_\_\_\_

Equipment Operation \_\_\_\_\_

Work Zone Safety \_\_\_\_\_

Flagger Training \_\_\_\_\_

Fall Protection \_\_\_\_\_

Personal Safety Equipment \_\_\_\_\_

Is this training by  Internal Trainer

Outside Provider

Is safety training documentation available?  Yes  No

8. Does your company perform scheduled inspections and maintenance on equipment and 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. Please note that all questions must be answered.

1. List your firm's Experience Modification Rate (EMR) for the three most recent years. (This Rate can be obtained by contacting your firm's Workers' Compensation Insurance carrier.)

Year:		Rate:	
Year:		Rate:	
Year:		Rate:	

Average three year rate: \_\_\_\_\_

If your Workers' Compensation insurance carrier does not have an EMR for your company, please attach an explanation. If your firm does not have Workers' Compensation Insurance, please check the box below.

This firm does not have Workers' Compensation Insurance

2. Using the formula below, determine your Incidence Rate for Total Lost Workday Cases for the three most recent years. This information can be found on your firm's OSHA 200/300 logs. If your firm does not maintain OSHA 200/300 logs, the Incident Rate must still be calculated.

Year:	Number of injuries and illnesses that resulted in lost work days or days of restricted activity (This is <u>not</u> the number of lost work days, only the number of incidents):	Total number of hours worked by <b>all</b> employees during the calendar year: <b>Note: If Sole Proprietor, list own Hrs.</b>

Incidence Rate for total lost workdays = (Number of accidents that resulted in lost work days or days of restricted work activity) x 200,000 ÷ (Total hours worked by **all** employees during the Calendar year.)

List your company's North American Industry Classification System Code (NAICS) if different than 23730 (A short list of NAICS codes are listed on Part 3 of the Safety Index)

3. Within the last two years, has your company received any citations (open or closed) for OSHA defined 'Repeat' violation(s) in any state where your company operates?  
 If so, attach a copy of each citation.  Yes  No

4. Within the last two years, has your company received any citations (opened or closed) for OSHA defined 'Willful' violation(s) in any state where your company operates?  
 If so, attach a copy of each citation.  Yes  No

5. For any state where your company operates:  
 Has your company experienced any work-related fatality within the last five years?  Yes  No  
 Were any citations (open or closed) issued by OSHA as a result of the work related fatality?  
 Yes  No  
 If so, attach a copy of each citation. Please include a statement explaining each fatality you identified.

*Official Use Only*

Score:

Score:

Score:

Score:

**Part 2 continued: Contractor’s Safety Operating Profile (cont. )**

6. Within the last three years has your company received any formal written suspensions by the NCDOT and/or any other state Department of Transportation with which you do business for violation(s) of any 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
- Workzone Traffic Control:  Yes  No

Score:

**Part 3: Standard Industry Classification Codes For Construction**

For reference purposes to assist with answering Part 2, Question 2. Most firms involved with Highway and Street Construction will use 2373.

- 2361: General Building Contractors – residential
- 2362: General Builders – nonresidential
- 23711: Water and Sewer Line Contractors
- 2373: Highway and Street Construction (Airports, highways, Streets & Sidewalks)
- 2379: Heavy Construction, Except Highway and Street (Bridges, Tunnels, Water & Sewer)
- 23821: Electrical Contractors
- 23822: Plumbing, Heating & Air Conditioning
- 23832: Painting (includes bridge painting and pavement marking)

If your company performs multiple classifications listed above along with Highway and Street construction, use NAICS Code 2373.

For additional NAICS codes, contact OSHA of the U. S. Department of Labor or visit their website. (Revised 6/17/2009)

**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)

<b>Contractor’s Safety Index:</b>	<b>A+</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>Unsatisfactory</b>
	≥100	90-99	80-89	70-79	60-69	≤59

## Work Location(s)

Please check the area of the state in which your firm typically performs work. Please select *Divisions* or counties within each *District*. This action does not prevent your firm from working anywhere in the state. Once you are approved (prequalified), you may work anywhere in the state regardless of your selection below. This is for information purposes only.

Division	District 1	District 2	District 3
<input type="checkbox"/> <b>One</b>	<input type="checkbox"/> Camden <input type="checkbox"/> Currituck <input type="checkbox"/> Dare <input type="checkbox"/> Gates <input type="checkbox"/> Pasquotank <input type="checkbox"/> Perquimans	<input type="checkbox"/> Bertie <input type="checkbox"/> Hertford <input type="checkbox"/> Northampton	<input type="checkbox"/> Chowan <input type="checkbox"/> Hyde <input type="checkbox"/> Martin <input type="checkbox"/> Tyrrel <input type="checkbox"/> Washington
<input type="checkbox"/> <b>Two</b>	<input type="checkbox"/> Beaufort <input type="checkbox"/> Pitt	<input type="checkbox"/> Carteret <input type="checkbox"/> Craven <input type="checkbox"/> Pamlico	<input type="checkbox"/> Greene <input type="checkbox"/> Jones <input type="checkbox"/> Lenoir
<input type="checkbox"/> <b>Three</b>	<input type="checkbox"/> Onslow <input type="checkbox"/> Pender	<input type="checkbox"/> Duplin <input type="checkbox"/> Sampson	<input type="checkbox"/> Brunswick <input type="checkbox"/> New Hanover
<input type="checkbox"/> <b>Four</b>	<input type="checkbox"/> Edgecombe <input type="checkbox"/> Halifax	<input type="checkbox"/> Nash <input type="checkbox"/> Wilson	<input type="checkbox"/> Johnston <input type="checkbox"/> Wayne
<input type="checkbox"/> <b>Five</b>	<input type="checkbox"/> Wake	<input type="checkbox"/> Durham <input type="checkbox"/> Granville <input type="checkbox"/> Person	<input type="checkbox"/> Franklin <input type="checkbox"/> Vance <input type="checkbox"/> Warren
<input type="checkbox"/> <b>Six</b>	<input type="checkbox"/> Robeson	<input type="checkbox"/> Cumberland <input type="checkbox"/> Harnett	<input type="checkbox"/> Bladen <input type="checkbox"/> Columbus
<input type="checkbox"/> <b>Seven</b>	<input type="checkbox"/> Alamance <input type="checkbox"/> Orange	<input type="checkbox"/> Guilford	<input type="checkbox"/> Caswell <input type="checkbox"/> Rockingham
<input type="checkbox"/> <b>Eight</b>	<input type="checkbox"/> Chatham <input type="checkbox"/> Randolph	<input type="checkbox"/> Hoke <input type="checkbox"/> Lee <input type="checkbox"/> Moore	<input type="checkbox"/> Montgomery <input type="checkbox"/> Richmond <input type="checkbox"/> Scotland
<input type="checkbox"/> <b>Nine</b>	<input type="checkbox"/> Davidson <input type="checkbox"/> Rowan	<input type="checkbox"/> Davie <input type="checkbox"/> Forsyth <input type="checkbox"/> Stokes	
<input type="checkbox"/> <b>Ten</b>	<input type="checkbox"/> Cabarrus <input type="checkbox"/> Stanly	<input type="checkbox"/> Mecklenburg	<input type="checkbox"/> Anson <input type="checkbox"/> Union
<input type="checkbox"/> <b>Eleven</b>	<input type="checkbox"/> Alleghany <input type="checkbox"/> Surry <input type="checkbox"/> Yadkin	<input type="checkbox"/> Avery <input type="checkbox"/> Caldwell <input type="checkbox"/> Watauga	<input type="checkbox"/> Ashe <input type="checkbox"/> Wilkes
<input type="checkbox"/> <b>Twelve</b>	<input type="checkbox"/> Cleveland <input type="checkbox"/> Gaston	<input type="checkbox"/> Alexander <input type="checkbox"/> Iredell	<input type="checkbox"/> Lincoln <input type="checkbox"/> Catawba
<input type="checkbox"/> <b>Thirteen</b>	<input type="checkbox"/> Burke <input type="checkbox"/> McDowell <input type="checkbox"/> Mitchell <input type="checkbox"/> Rutherford	<input type="checkbox"/> Buncombe <input type="checkbox"/> Madison <input type="checkbox"/> Yancey	
<input type="checkbox"/> <b>Fourteen</b>	<input type="checkbox"/> Henderson <input type="checkbox"/> Polk <input type="checkbox"/> Transylvania	<input type="checkbox"/> Haywood <input type="checkbox"/> Jackson <input type="checkbox"/> Swain	<input type="checkbox"/> Cherokee <input type="checkbox"/> Clay <input type="checkbox"/> Graham <input type="checkbox"/> Macon



# Affidavit

I hereby certify that all of the information provided in this application is correct to the best of my knowledge. I also certify that our firm will at all times comply with the Department's Standard Specifications in order to remain on the Department's List of Prequalified Contractors.

Firm Name: \_\_\_\_\_

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

*Officer's Signature*

Officer's Title: \_\_\_\_\_

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

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

\_\_\_\_\_, for \_\_\_\_\_

(Firm Name)

(Signing Officer's Printed 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 \_\_\_\_\_

(Revised 5-5-09)

(Stamp/Seal)