STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

CONTRACTUAL SERVICES UNIT
PREQUALIFICATION SECTION

1509 Mail Service Center
Raleigh, North Carolina 27699-1509

Phone: (919) 707-4800 Fax: (919) 733-3584

POC (Purchase Order Contract) PRIME CONTRACTOR REQUALIFICATION

COMPANY'S NAME: _____

ADDRESS: _____

_____

CONTACT NAME: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

OWNERS OF COMPANY	PERCENT OF OWNERSHIP	RACE (optional)	GENDER (optional)

Rev. 8/24/10

Checklist for Requalifying as a POC Prime Contractor

By completing this package, your firm is requesting to be requalified as a Prime Contractor for Purchase Order Contracts. 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 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. Part 1 is only worth 5 points, total. The Safety Index, as a whole, has a total of 110 possible points.
- ☐ 7. Complete the work location sheet. Please only check counties or divisions where you typically work. This action does not prevent you from working anywhere in the state. Once approved you may work anywhere in the state regardless of the counties or divisions that you have selected.
- ☐ 8. Complete the affidavit on the last page of the application.
- ☐ 9. Submit completed package to:

  Mr. Mickey Biedell, PE
  1509 Mail Service Center
  Raleigh, NC 27699-1509

If you have any questions, call Mr. Mickey Biedell at 919-707-4803

Applications not completed in their entirety will not be approved.

If approved, your firm will be added to the vendor list, which can be found at https://partner.ncdot.gov/vendordirectory/default.html by typing in the name of your firm and hitting Enter.

For the current Standard Specifications (2012), go to:
http://ncdot.gov/doh/preconstruct/ps/specifications/2012StdSpec.pdf

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.

POC Prime Contractor Levels of Participation

- In order to be a prime contractor on an NCDOT project, in most cases, a firm must self-perform at least 40% of any given contract. Approval as a POC Prime Contractor **does not** allow you to bid on Centrally-let contracts. It only allows bids on non-SBE Division-let purchase order contracts. Without a contractor's license, you can be prequalified, but, in many cases, you will be limited to contracts under $30,000.

- In many cases, for contracts of $30,000 or more, you will be required to hold a contractor's license prior to the bid. 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 #:_____

- Does your company wish to bid on Purchases Order Contracts that exceed $500,000? This requires bonding.

  ☐ Yes ☐ No

  If **yes**, please attach a letter from your insurance provider indicating your company's bonding capacity for payment and performance bonds. The letter should reference the surety company(ies) that will issue the bonds. The surety(ies) must be licensed to do business in the State of North Carolina. These requirements are per General Statute 44A-26.

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.

WORK CODE			ITEM DESCRIPTION
Hauling			
☐	050		Hauling (Gravel, Sand, Debris, etc. – Not Asphalt)
☐	055		Hauling (Asphalt)
Landscaping & Erosion Control			
☐	1605		Temporary Silt Fence
☐	1630		Silt Detention Device (Silt Basin)
☐	1660		Seeding and Mulching
☐	1660-7		Mowing
☐	1670		Landscape Planting
Concrete and Masonry			
☐	825		Incidental Concrete Construction
☐	830		Brick Masonry Construction
☐	840		Minor Drainage Structures (Drop Inlets, Catch Basins, etc.)
☐	846		Curb and Gutter/Shoulder Berm Gutter
☐	848		Sidewalk, Driveways, and Wheelchair Ramps
☐	854		Roadway Concrete Barrier
Drainage			
☐	310		Pipe Culverts/Storm Drain Installation
☐	320		Structural Plate Pipe
☐	330		Welded Steel Pipe
☐	815		Subsurface Drainage (Shoulder Drain, Under Drain, etc.)
Utility Installation			
☐	1400		Roadway Lighting
☐	1510		Water Installation
☐	1520		Sanitary Sewer Installation
☐	1550		Trenchless Installation of Utilities - Bore & Jack
☐	2005		Trenchless Installation of Utilities - Directional Drilling
☐	2010		Utility Installation/Removal: Gas
☐	2020		Utility Installation/Removal: Power/Electricity
☐	2030		Utility Installation/Removal: Telephone
☐	2040		Utility Installation/Removal: Cable Television
Highway Preparation and Grading			
☐	200		Clearing and Grubbing
☐	1651		Selective Tree Removal/Trimming
☐	205		Sealing Non-Environmental Wells
☐	210		Building Removal and Demolition
☐	225		Roadway Grading and Excavation

☐	501		Lime Treated Soil (for Highways, not for Landscaping)
☐	520		Aggregate Base Course
☐	540		Cement Treated Base Course
☐	542		Soil-Cement Base
☐	560		Shoulder Construction
☐	607		Milling Asphalt Pavements
☐	801		Construction Surveying
☐	1601		Stream Restoration and Construction
Paving			
☐	060		Asphalt Saw Cutting
☐	065		Concrete Saw Cutting
☐	610		Asphalt Paving
☐	654		Asphalt Pavement Repair
☐	657		Crack and Joint Seal (Asphalt Pavement)
☐	660		Asphalt Surface Treatment
☐	710		Concrete Pavement (Highways, not Sidewalks or Driveways)
☐	711		Concrete Pavement Repair
☐	712		Sawing and Sealing Joints
☐	713		Diamond Grinding
Highway Finishing			
☐	665		Milled Rumble Strips
☐	862		Guardrail Installation
☐	865		Guiderail Installation
☐	866		Fence Installation
☐	900		Permanent Signing
☐	1205		Pavement Markings
☐	1251		Pavement Markers
Work Zone Safety			
☐	1105		Work Zone Traffic Control Devices
☐	1110		Work Zone Signs (Ground Mounted and Barricade Mounted)
Structures			
☐	080		Noise Walls
☐	421		Concrete Structures (Box Culverts)
☐	422		Concrete Structures (Bridges)
☐	423		Grooving Bridge Floors
☐	425		Reinforcing Steel (Placing and Tying)
☐	440		Steel Structures (Steel Superstructure Bridges only)
☐	1072		Welding
☐	442		Painting Steel Structures (Bridges)
☐	460		Concrete Barrier Bridge Rail
☐	3010		Retaining Walls (Cantilever)
☐	3015		Retaining Walls (MSE)
Signals and ITS			
☐	1700		Traffic Signals and ITS
☐	1701		ITS and Signal System Integration
☐	1730		Utility Installation/Removal: Fiber Optic Cable
☐	1407		Wood Pole Installation
☐	1740		Metal Pole Installation

Buildings - Vertical Construction			
	Rest Area, Welcome Center, etc.		
☐	4000		Building, Framing
☐	4010		Plumbing
☐	4020		Mechanical (HVAC)
☐	4030		Electrical
☐	4040		Masonry (Buildings, not drainage structures)
☐	4080		Doors and Windows
☐	4090		Carpet
☐	4100		Tile
☐	4110		Toilet Accessories
☐	4120		Toilet Partitions
☐	4130		Signs (inside the building)
☐	4140		Painting
☐	4150		Irrigation/Lawn Sprinkler Systems
☐	4180		Well Drilling
☐	4190		Building Movers
Weigh Station Construction			
☐	4510		Weigh-in-Motion
☐	4520		Transponder Readers
Geotechnical			
☐	220		Blasting
☐	075		Rock Slope Stabilization
☐	3020		Retaining Walls (Anchored)
☐	3030		Drilled Piers for Metal Poles
☐	411		Drilled Piers for Bridges
☐	3040		Contaminated Materials Removal
☐	3045		Drilling for Geoenvironmental Investigations
☐	3050		Drilling for Geotechnical Investigations
☐	3060		Pile Driving Analyzer (PDA)
☐	3065		Crosshole Sonic Logging (CSL)
☐	3070		Non-Destructive Foundation Testing
☐	3080		Foundation Testing
☐	3100		Micropiles
☐	3110		Continuous Flight Auger (CFA) Piles
☐	3120		Vibration and Noise Monitoring
☐	3125		Structure Movement Monitoring
☐	3130		Ground Improvement Methods
Railroad			
☐	5010		Track Construction
☐	5020		Grade Crossing Signal Systems
☐	5030		Train Control Signal and Communication Systems
☐	5040		Railroad Electrical Traction Systems
☐	5050		Track Maintenance/Rehabilitation
☐	5060		Timber Structures (Bridge)
☐	5070		Railroad Signage
☐	5080		At-Grade Crossing Surfaces

Disaster Recovery			
☐	6000		Disaster Debris Removal
Aviation			
☐	8010		Airport Concrete Paving
☐	8020		Airport Asphalt Paving
☐	8060		Airport Signage
☐	8070		Airport Electronics and Navigation Aids
☐	8080		Airport Hangars/Metal Buildings
☐	8100		Airport Markings
☐	8120		Airport Lighting
☐	8130		Airport Fuel Farms
Marine			
☐	9100		Vessel Construction (Ferry)
☐	9101		Vessel Repair (Ferry)
☐	9200		Dock/Pier Construction
Other			
☐	099		Other (Please List):
☐	099		Other (Please List):
☐	099		Other (Please List):
☐	099		Other (Please List):

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.

Equipment Description	Number Each	Work Code Used For	Own	Rent

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.e. Mid River Bridge Replacement, Raleigh, NC)*	Brief Description of Work YOUR FIRM Performed on the Project (i.e. *Installed 25 ft. of 12" R.C. Pipe Culvert)*	Completion Date of the Project (*i.e. Month & Year)*	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*** *Page 2 of 2*

Name OR Number & Location (State, City OR County) of the Project (*i.e. Mid River Bridge Replacement, Raleigh, NC)*	Brief Description of Work YOUR FIRM Performed on the Project *(i.e. Installed 25 ft. of 12" R.C. Pipe Culvert)*	Completion Date of the Project (i.e. *Month & Year)*	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

North Carolina Department of Transportation

Safety Index Rating Form

Date:

FIRM NAME:

ADDRESS:

TELEPHONE NUMBER: ( )

FAX NUMBER: ( )

Safety Index
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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 (≤ 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

Total Safety Profile Score		**Index**
≥100	**=**	**A+**
90-99	=	**A**
80-89	**=**	**B**
70-79	**=**	**C**
60-69	**=**	**D**
≤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.

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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

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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.)

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

Average three year rate: _____ *Score:* _____

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 **all** employees during the calendar year:

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.)

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

Score: _____

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 <u>any</u> 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

Score: _____

4. Within the last two years, has your company received <u>any</u> 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

Score: _____

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.

Score: _____

Part 2: 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)

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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

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 <u>not</u> prevent your firm from working <u>anywhere</u> 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
❑ **One**	❑ Camden ❑ Currituck ❑ Dare ❑ Gates ❑ Pasquotank ❑ Perquimans	❑ Bertie ❑ Hertford ❑ Northampton	❑ Chowan ❑ Hyde ❑ Martin ❑ Tyrrel ❑ Washington
❑ **Two**	❑ Beaufort ❑ Pitt	❑ Carteret ❑ Craven ❑ Pamlico	❑ Greene ❑ Jones ❑ Lenoir
❑ **Three**	❑ Onslow ❑ Pender	❑ Duplin ❑ Sampson	❑ Brunswick ❑ New Hanover
❑ **Four**	❑ Edgecombe ❑ Halifax	❑ Nash ❑ Wilson	❑ Johnston ❑ Wayne
❑ **Five**	❑ Wake	❑ Durham ❑ Granville ❑ Person	❑ Franklin ❑ Vance ❑ Warren
❑ **Six**	❑ Robeson	❑ Cumberland ❑ Harnett	❑ Bladen ❑ Columbus
❑ **Seven**	❑ Alamance ❑ Orange	❑ Guilford	❑ Caswell ❑ Rockingham
❑ **Eight**	❑ Chatham ❑ Randolph	❑ Hoke ❑ Lee ❑ Moore	❑ Montgomery ❑ Richmond ❑ Scotland
❑ **Nine**	❑ Davidson ❑ Rowan	❑ Davie ❑ Forsyth ❑ Stokes	
❑ **Ten**	❑ Cabarrus ❑ Stanly	❑ Mecklenburg	❑ Anson ❑ Union
❑ **Eleven**	❑ Alleghany ❑ Surry ❑ Yadkin	❑ Avery ❑ Caldwell ❑ Watauga	❑ Ashe ❑ Wilkes
❑ **Twelve**	❑ Cleveland ❑ Gaston	❑ Alexander ❑ Iredell	❑ Lincoln ❑ Catawba
❑ **Thirteen**	❑ Burke ❑ McDowell ❑ Mitchell ❑ Rutherford	❑ Buncombe ❑ Madison ❑ Yancey	
❑ **Fourteen**	❑ Henderson ❑ Polk ❑ Transylvania	❑ Haywood ❑ Jackson ❑ Swain	❑ Cherokee ❑ Clay ❑ Graham ❑ 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 _____
(Signing Officer's Printed Name) (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 _____

(Revised 5-5-09) (Stamp/Seal)