



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

BEVERLY EAVES PERDUE
GOVERNOR

EUGENE A. CONTI, JR.
SECRETARY

Subject: Prequalification of Contractor

Prospective Bidder:

Reference is made of your request that you be considered as prequalified to bid on work let to contract by the Department. Attached, for your information and further use, are the Requirements and Procedures for Prequalification of Bidders with the necessary Experience Questionnaire and Safety Index Rating Form. Please complete the package in accordance with the attached Requirements and Procedures and return to this office at least four weeks prior to the date of bid openings.

Also, included is a reference form. Please make copies and forward this form to four or more firms for which your company has performed highway or similar work (state highway agencies or other government agencies are preferred). On Item 9 of the Experience Questionnaire, please list the firms who will be acting as references.

Please be reminded to submit a list of available equipment, to complete and submit the attached W-9 form, to complete and submit a non-collusion affidavit and debarment certification, and to submit your bonding information required on Item 17 of the questionnaire. Also, the Experience Questionnaire and the non-collusion and debarment certification must be notarized properly. The notary seal must be legible.

Yours very truly,

Greg Keel, PE
Contractor Qualifications Engineer

SGK//
Enclosures

Rev. 08/24/10

REQUIREMENTS AND PROCEDURES FOR PREQUALIFICATION OF BIDDERS BY THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

INTRODUCTION

The Department of Transportation of the State of North Carolina, in accordance with General Statute 136-18(1), has been vested with the power of general supervision over all matters relating to the construction of State highways and the letting of contracts therefor. Pursuant to General Statute 136-28.1, it is the decision of the Department of Transportation that prospective Bidders shall prequalify with the Department.

APPLICATION

These Requirements and Procedures shall apply to any individual, firm, corporation, or any other prospective Bidder desiring to be prequalified to bid on work proposed by the Department of Transportation.

AUTHORITY

The Standard Specifications for Roads and Structures dated July 2006, Section 102-2(A), "Bidder Prequalification," states in part as follows:

"The prospective bidder shall file all required statements and documents with the State Contractual Services Engineer no less than 4 weeks prior to a given letting for their bid to be considered. A bid shall not be opened unless all prequalification requirements have been met by the bidder and have been found to be acceptable by the Engineer."

The Standard Specification for Roads and Structures dated July 2006, Section 102-15, "Rejection of Bids," states in part as follows:

"All bidders shall comply with all applicable laws regulating the practice of general contracting as contained in *Chapter 87 of the General Statutes of North Carolina* which requires the bidder to be licensed by the N.C. Licensing Board for General Contractors when bidding on any non-federal aid project where the bid is \$30,000 or more, except for certain specialty work as determined by the licensing board...Notwithstanding the limitations on bidding, the bidder who is awarded any project shall comply with *Chapter 87 of the General Statutes of North Carolina* for licensing requirements within 60 calendar days of bid opening, regardless of funding sources."

REQUIREMENTS FOR PREQUALIFICATION

1. Applicant must submit a completed NCDOT Experience Questionnaire along with appropriate supporting information. This can be done online or by paper application. Information about the online and paper applications can be found at <http://www.ncdot.gov/business/ocs/prime/>. General information about contracting with the Department can also be found there.
2. Applicant must submit a completed NCDOT Safety Index Rating Form along with appropriate supporting information. The Safety Index is included with the Experience Questionnaire and online.
3. Applicant must submit a completed Non-collusion Affidavit, Debarment Certification, and Gift Ban Certification. This can be obtained at:
<http://www.ncdot.org/doh/preconstruct/ps/contracts/letting/debar/debar1.html>.
4. Applicant must demonstrate sufficient related experience in highway construction particularly in terms of scope and dollar value of previous contracts. It is recommended that the applicant list three (3) or more relevant projects to support each requested work code and that the work codes be referenced with the experience.
5. Applicant must demonstrate a history of successful performance and completion of projects in a timely manner, subject to the usual contractual time adjustments.
6. Applicant must demonstrate ability to furnish appropriate bonds.
7. Applicant must demonstrate sufficient available equipment to perform highway construction contracts in a timely manner. Enough equipment should be listed so as to support each requested work code.
8. Applicant must demonstrate sufficient available experienced personnel to perform highway construction contracts. Both management and labor work force should be addressed.
9. Applicant must provide references. Names and addresses of persons for whom the firm has performed related type work within the last three (3) years should be submitted. Responses from these references should be on the Department of Transportation Reference Questionnaires and must be received by the Department of Transportation prior to evaluating the request for prequalification.
10. Please submit online or return completed form to:

Greg Keel, PE
Contractor Qualifications Engineer
North Carolina Department of Transportation
Contractual Services Unit
1509 Mail Service Center
Raleigh, North Carolina 27699-1509

PROCEDURES

Any prospective Bidder, not prequalified, may apply online, call to request an application (919-733-7174), or submit its request to the Department of Transportation, Contractual Services Unit, 1509 Mail Service Center, Raleigh, N.C. 27699-1509. If not applying online, the prospective Bidder will be furnished an Experience Questionnaire Form (application) which must be completed in its entirety and signed by an officer of the firm. The officer's signature shall be notarized.

Along with submitting the Experience Questionnaire Form as set forth above, the prospective Bidder shall submit appropriate supporting information. Any documents uploaded to the online application must be as PDF files. Items that are sent by email do not have to be PDF files, but should be files that are industry standards and can be opened by Department staff.

All Bidders shall submit a completed Non-collusion Affidavit, Debarment Certification, and Gift Ban Certification. The original executed forms should be submitted with the application. The Department cannot accept a copy. As discussed, blank forms can be downloaded from this site: <http://www.ncdot.org/doh/preconstruct/ps/contracts/letting/debar/debar1.html>. Blank forms can also be requested.

Prospective Bidders should anticipate a minimum of four weeks for the Department to review submittals, contact references, etc., after which the firm will be notified in writing of its prequalification status.

All Bidders must requalify every three years and must renew annually. To requalify or renew, the prospective Bidder must submit a completed Requalification/Renewal Experience Questionnaire Form, acceptable to the Engineer. This can also be done online. Reminder letters will be issued approximately 60 days prior to firms' anniversary dates. It is recommended that completed forms be submitted four (4) weeks prior to this date.

At any time there is a change in ownership or control of the Firm, the Firm shall promptly notify the State Contractual Services Engineer.

In addition to being prequalified with the Department of Transportation, a Bidder on projects financed with State funds only and amounting to \$30,000.00 or more must secure the appropriate license from the N.C. Licensing Board for General Contractors prior to bidding. Information in regard to licensing may be obtained by contacting the N.C. Licensing Board for General Contractors, Post Office Box 17187, Raleigh, N.C. 27619, telephone (919) 571-4183. If Federal funds are involved with contracts of the same amount, the winning Bidder has 60 days to obtain the appropriate license. For projects that require an Electrical Contractor's License, please reference North Carolina General Statute 87. The Electrical Contractor's License must be in place prior to the bid regardless of dollar amount or funding source.

(Revised 8-24-10)



NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

*Contractual Services Unit
1509 Mail Service Center
Raleigh, North Carolina 27699-1509*

Phone: (919) 733-5616, ext. 309

Fax: (919) 733-3584

EXPERIENCE QUESTIONNAIRE FOR PREQUALIFICATION

FIRM NAME: _____
ADDRESS: _____

CONTACT NAME: _____
TELEPHONE: () - _____
FAX NUMBER: () - _____
EMAIL ADDRESS: _____
DATE: _____

OFFICIAL USE ONLY

Prequalification Expires: _____ Approved By: _____ Date: _____

Ownership	<input type="checkbox"/>	By: _____	Date: _____	Signature	<input type="checkbox"/>	By: _____	Date: _____
Bonding	<input type="checkbox"/>	By: _____	Date: _____	Equipment	<input type="checkbox"/>	By: _____	Date: _____
Financial	<input type="checkbox"/>	By: _____	Date: _____	Notary	<input type="checkbox"/>	By: _____	Date: _____
References	<input type="checkbox"/>	By: _____	Date: _____	Non-Collusion	<input type="checkbox"/>	By: _____	Date: _____
Safety Index	<input type="checkbox"/>	By: _____	Date: _____	Experience	<input type="checkbox"/>	By: _____	Date: _____
Résumé	<input type="checkbox"/>	By: _____	Date: _____				

Checklist for Prequalifying as a Bidder

By completing this approval package, your firm is requesting to be approved as a Prime Contractor on Centrally-let Projects. Upon approval, you may also work as a Subcontractor on Centrally-let Projects. 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.

<input type="checkbox"/>	1. Questions 1 through 22 of the application have been answered.
<input type="checkbox"/>	2. At least four of the references listed in Question 9 have been sent a copy of the Reference Questionnaire provided in the application.
<input type="checkbox"/>	3. A list of past and current work experience for Questions 3 and 4.
<input type="checkbox"/>	4. Résumés for the principal officers of your firm.
<input type="checkbox"/>	5. A list of equipment that your firm rents and/or owns.
<input type="checkbox"/>	6. Your firm's most recent financial statement. An audit by a CPA is preferred.
<input type="checkbox"/>	7. An original non-collusion affidavit and debarment certification, with all necessary signatures and that has been signed and sealed by a Notary Public. See Question 16.
<input type="checkbox"/>	8. A recent letter from your bond company.
<input type="checkbox"/>	9. The affidavit has been signed by an officer of your firm and has been signed and sealed by a Notary Public.
<input type="checkbox"/>	10. 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.
<input type="checkbox"/>	11. Check off the work codes that your firm wishes to be approved for.
<input type="checkbox"/>	12. 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 the EMR. If your company is three years old or less, please note or explain this next to Part 2, Question 1 where EMR is discussed. <u>All</u> firms must complete <u>both</u> parts of the Safety Index. If there are certain sections of Part 1 that your company does not practice, leave them unchecked. Please note that leaving items unchecked does affect your score, but typically not by much. Part 1 is only worth 5 points, total. The Safety Index, as a whole, has a total of 110 possible points.
<input type="checkbox"/>	13. Completed the desired work location sheet.

1. How many years has your firm been in business as a contractor under your present business name? _____
What is the previous firm name? (If applicable) _____

2. How many years has your firm been in the construction business? _____

3. Please list all projects completed by your firm within the last three (3) years. Include the owner of the project, the contract amount, the type of work performed, the location of work, the date your company began work, the scheduled completion date of work by your company, and the actual completion date of work by your company.

4. Please list all current uncompleted contracts for your company. Include the owner of the project, the contract amount, the type of work being performed, the location of work, the date your company began work, the contract completion date of work by your company, and the anticipated date of completion of work by your company.

5. Has your firm been indicted, pled guilty, or been convicted of any offense that has resulted in your firm being disbarred from bidding or performing work for any State, Local, or Federal Government during the past five (5) years?
Yes No

If yes, attach a separate sheet(s) to this form providing pertinent details.

6. Has any officer, employee, or any other member of your firm been indicted, pled guilty, or been convicted of any legal restraints of trade (including collusive bidding) during the past (5) years? Yes No

If yes, attach a separate sheet(s) to this form providing pertinent details.

7. Has your firm or any officer, employee or member of your firm been debarred for violation of various Public Contract Acts incorporating Labor Standards Provisions during the past five (5) years? Yes No

If yes, attach a separate sheet(s) to this form providing pertinent details.

8. Is your firm under the protection of the bankruptcy court, or does it have any pending petition in bankruptcy court or has an assignment been made for the benefit of the creditors? Yes No

9. List the firm name, the contact person, and the mailing address of entities for whom/which you have performed work within the last three (3) years (state highway agencies or other governmental agencies are preferred). At least four of those listed must be used as references. See reference forms attached at the end of this package.

- (1) _____

- (2) _____

- (3) _____

- (4) _____

- (5) _____

- (6) _____

- (7) _____

10. List the principal members or officers of your firm that are involved in management, policy-making, or day-to-day operation of your firm. If there are more than three (3), attach a list.

<i>Name</i>	<i>Position</i>	<i>Years of Construction Experience</i>	<i>Type of Work Experience</i>
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

11. Attach a résumé for each of the individuals listed in Question 10 above. Please limit length of résumés to no more than two (2) pages for each individual. Content of résumés should correspond to the work types requested. Please include such information as: Name and current company position of individual, education, current and past work experience, years of service and positions with each company listed, and any additional information that the applicant wishes the Department to consider in judging your application for Prequalification.

12. List all owners of 10% or more of your firm and the percent of ownership of each. List all individual owners by name of successive parent entities who own 10% or more of the applicant firm. If there are more than three (3), attach a list.

<i>Name of Individual</i>	<i>Percent of Ownership</i>
(1) _____	_____
(2) _____	_____
(3) _____	_____

Check if publicly owned business with no individual owning more than 10%

13. Identify each of those listed under Questions 10 and 12 who own 10% or more financial interest in any other firm that is prequalified to do highway work in this or another state. Name the other company and list the percentage of ownership and position held in the other firm. If there are more than three (3), attach a list.

<i>Name of Individual or Firm</i>	<i>Name of Other Firm</i>	<i>Percent of Ownership</i>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

14. List all affiliates of the applicants including but not limited to (1) joint ventures, (2) subsidiaries, (3) parent company, (4) companies owned or controlled by the parent company, (5) any company or firm having the same mutual owners as the applicant which does business with the applicant. If there are more than three (3), attach a list.

<i>Name of Firm</i>	<i>Address</i>	<i>Relationship</i>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

15. Attach an equipment list (include both rented and owned equipment, and delineate which equipment is rented and which is owned), most recent financial statement, and any other financial information (lines of credit, bonding, capacities, etc.) that you wish the Department to consider in judging your application for Prequalification.

16. Attach a notarized Non-collusion Affidavit and Debarment Certification. The original copy must be returned with the application. The Department cannot accept a copy. These documents can be found at the following website:

<http://www.ncdot.org/doh/preconstruct/ps/contracts/letting/debar/debar1.html>

For corporations, please make sure that only the officers listed below the signature line sign the Non-collusion document. The Attestor should not be the same person as the notary public. No others are allowed to sign for the Corporation aside from those stated unless they have been previously approved by the Board of Directors. If

authorization is required and was granted by the Board of Directors, a certified copy of the minutes must be submitted. Both notary and corporate seals are required.

17. Attach a letter demonstrating your firm's ability to furnish payment and performance bonds in accordance with N.C. General Statute 44A-26 (currently for bids in excess of \$300,000). Failure to demonstrate the ability to furnish such bonds will be cause for denial of Prequalification. Please have your insurance agent reference the company which will act as the surety. The surety company must be licensed to do business in North Carolina.
18. Please list all Contracting Licenses that your firm currently holds for North Carolina only. If your firm holds a North Carolina General Contractor's License, please list its classification(s) (i.e. Highway, Building, etc.). If your firm holds a North Carolina Electrical Contractor's License, please list its classification (Limited, Intermediate, or Unlimited). If other Licenses apply, please list them. If there are more than three (3), attach a list.

License: _____	Classification: _____	License #: _____
License: _____	Classification: _____	License #: _____
License: _____	Classification: _____	License #: _____

20. Is your firm prequalified in its home state? Yes No

21. Please list your firm's annual gross receipts: _____

22. Is anyone working for your company who is listed in Question 10 or 12 above, or who is in a position to make decisions for your company, related by blood or marriage to any person now working for 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 names and the Units or Divisions where they are employed.

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: INDIVIDUAL (use Social Security No.) SOLE PROPRIETER (use SS No. or Fed ID No.)
 CORPORATION (use Federal ID No.) PARTNERSHIP (use Federal ID No.)
 ESTATE/TRUST (use Federal ID no.) STATE OR LOCAL GOVT. (use Federal ID No.)
 OTHER / SPECIFY _____

SOCIAL SECURITY NO. _____ - _____ - _____ (Social Security #)

OR

FED.EMPLOYER IDENTIFICATION NO. _____ - _____ - _____ (Employer Identification #)

<p>COMPLETE THIS SECTION IF PAYMENTS ARE MADE TO AN ADDRESS OTHER THAN THE ONE LISTED ABOVE:</p> <p>REMIT TO ADDRESS: STREET / PO BOX: _____</p> <p>CITY, STATE, ZIP: _____</p>

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 American, Other: _____)

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:

1. The number shown on this form is my correct taxpayer identification and
2. 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
3. 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

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 001700 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		
<input type="checkbox"/>	050	Hauling (Gravel, Sand, Debris, etc. – Not Asphalt)
<input type="checkbox"/>	055	Hauling (Asphalt)
Landscaping, Erosion Control, & Roadside Development		
<input type="checkbox"/>	1601	Stream Restoration and Construction
<input type="checkbox"/>	1605	Temporary Silt Fence
<input type="checkbox"/>	1630	Silt Detention Device (Silt Basin)
<input type="checkbox"/>	1651	Selective Vegetation Removal
<input type="checkbox"/>	1660	Seeding and Mulching
<input type="checkbox"/>	1660-7	Mowing
<input type="checkbox"/>	1670	Landscape Planting
Concrete and Masonry		
<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
<input type="checkbox"/>	854	Concrete Barrier
Drainage		
<input type="checkbox"/>	310	Pipe Culverts/Storm Drain Installation
<input type="checkbox"/>	320	Structural Plate Pipe
<input type="checkbox"/>	330	Welded Steel Pipe
<input type="checkbox"/>	815	Subsurface Drainage Installation
Utility Installation		
<input type="checkbox"/>	1400	Roadway Lighting
<input type="checkbox"/>	1407	Wood Pole Installation
<input type="checkbox"/>	1505	Trenching
<input type="checkbox"/>	1510	Water Installation
<input type="checkbox"/>	1520	Sanitary Sewer Installation
<input type="checkbox"/>	1540	Encasement Pipe (Bore and Jack)
<input type="checkbox"/>	1550	Trenchless Installation of Utilities
<input type="checkbox"/>	2005	Directional Boring
<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

Highway Preparation and Grading		
<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	Lime Treated Soil (for Highways, not for Landscaping)
<input type="checkbox"/>	520	Aggregate Base Course
<input type="checkbox"/>	540	Cement Treated Base Course
<input type="checkbox"/>	542	Soil-Cement Base
<input type="checkbox"/>	560	Shoulder Construction
<input type="checkbox"/>	607	Milling Asphalt Pavements
<input type="checkbox"/>	801	Construction Surveying
Paving		
<input type="checkbox"/>	060	Asphalt Saw Cutting
<input type="checkbox"/>	065	Concrete Saw Cutting
<input type="checkbox"/>	610	Asphalt Pavement
<input type="checkbox"/>	654	Asphalt Pavement Repair
<input type="checkbox"/>	660	Asphalt Surface Treatment
<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
Highway Finishing		
<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"/>	1205	Pavement Markings
<input type="checkbox"/>	1251	Pavement Markers
Work Zone Safety		
<input type="checkbox"/>	1105	Work Zone Traffic Control Devices
<input type="checkbox"/>	1110	Work Zone Signs
Structures		
<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"/>	425	Reinforcing Steel (Placing and Tying)
<input type="checkbox"/>	440	Steel Structures (Bridges)
<input type="checkbox"/>	441	Field Welding
<input type="checkbox"/>	442	Painting Steel Structures (Bridges)
<input type="checkbox"/>	460	Concrete Barrier Bridge Rail
<input type="checkbox"/>	3010	Retaining Walls (Cantilever)
<input type="checkbox"/>	3015	Retaining Walls (MSE)

Signals and ITS		
<input type="checkbox"/>	1700	Traffic Signals and ITS
<input type="checkbox"/>	1701	ITS and Signal System Integration
<input type="checkbox"/>	1730	Utility Installation/Removal: Fiber Optic Cable
<input type="checkbox"/>	1740	Metal Pole Installation
Buildings - Vertical Construction		
Rest Area, Welcome Center, etc.		
<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"/>	4050	Carpentry
<input type="checkbox"/>	4060	Roofing
<input type="checkbox"/>	4070	Insulation
<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
<input type="checkbox"/>	4160	Landscape Lighting
<input type="checkbox"/>	4170	Pressure Washing
<input type="checkbox"/>	4180	Well Drilling
<input type="checkbox"/>	4190	Building Movers
Weigh Station Construction		
<input type="checkbox"/>	4500	Building
<input type="checkbox"/>	4510	Weigh-in-Motion
<input type="checkbox"/>	4520	Transponder Readers
Geotechnical		
<input type="checkbox"/>	070	Rock Blasting
<input type="checkbox"/>	075	Rock Slope Stabilization
<input type="checkbox"/>	3020	Retaining Walls (Anchored)
<input type="checkbox"/>	3030	Drilled Piers for Highway Signs, Luminaries, and Traffic Signals
<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"/>	3090	Drilled Piers for Bridges
<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

Railroad		
<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
Aviation		
<input type="checkbox"/>	8000	Airport Site Preparation and Grading
<input type="checkbox"/>	8010	Airport Concrete Paving
<input type="checkbox"/>	8020	Airport Asphalt Paving
<input type="checkbox"/>	8030	Airport Safety and Security - Fencing
<input type="checkbox"/>	8040	Airport Safety and Security - Facilities
<input type="checkbox"/>	8050	Airport Safety and Security - Equipment
<input type="checkbox"/>	8060	Airport Signage
<input type="checkbox"/>	8070	Airport Electronics and Navigation Aids
<input type="checkbox"/>	8080	Airport Hangars
<input type="checkbox"/>	8090	Airport Terminal Facilities (Buildings)
<input type="checkbox"/>	8100	Airport Markings
<input type="checkbox"/>	8110	Airport Clearing
<input type="checkbox"/>	8120	Airport Lighting
<input type="checkbox"/>	8130	Airport Fuel Farms
Marine		
<input type="checkbox"/>	9100	Vessel Construction (Ferry)
<input type="checkbox"/>	9010	Vessel Repair (Ferry)
<input type="checkbox"/>	9200	Dock/Pier Construction
Other		
<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):



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		
<u>Total Safety Profile Score</u>	=	<u>Index</u>
≥ 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, they will be required to show cause in writing as to why their 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 of 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 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 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 _____

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

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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.

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 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:	

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 OSHA cited your company for a repeat violation for any OSHA defined serious injury in any state where your company operates? Yes No
If so, please attach a detailed list of the violations.

(Score = 10, minus 5 for each repeated citation)

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? Yes No
If so, attach a copy of citation.

(Score = 30, minus 30 for each willful citation)

5. For any state where your company operates:
Has your company experienced any work-related fatalities within the last five years? Yes No
Were any citations issued by OSHA as a result of the work related fatalities? Yes No
If so, please provide a copy of the citation and list here the number of cited fatalities. _____

(Score = 25, minus 25 for each fatality resulting in a safety citation)

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Score: _____

Score: _____

Score: _____

Score: _____

Score: _____

Part 2: Contractor's Safety Operating Profile (cont.)

6. Has your company within the last three years received any formal written suspensions by the Department of Transportation for violation of any of the safety emphasis areas below?

If so, please attach a detailed list of each occurrence.

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 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 |
| Workzone Traffic Control: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Score:

(Score = 20, minus 10 for each formal written suspensions)

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 23730.

- 23610: General Building Contractors – residential
- 23620: General Builders – nonresidential
- 23730: Highway and Street Construction (Airports, Highways, Streets & Sidewalks)
- 23790: Heavy Construction, Except Highway and Street (Bridges, Tunnels, Water & Sewer)
- 23822: Plumbing, Heating & Air Conditioning
- 23832: Painting (includes bridge painting and pavement marking)
- 23821: Electrical

If your company performs multiple classifications listed above along with Highway and Street construction, use NAICS Code 23730.

For additional NAICS 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



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

BEVERLY EAVES PERDUE
GOVERNOR

EUGENE A. CONTI, JR.
SECRETARY

To Whom It May Concern:

The Contractor shown on the attached reference questionnaire has requested prequalification with the Department in order to submit bids on its projects. The Department's information indicates they have performed work for you or that you have knowledge of their ability to perform certain types of work.

It would be greatly appreciated if you would provide the Department with the requested information shown on the attached form and return it to the undersigned. This information shall be considered confidential and if you desire similar information about a Contractor with which the Department is familiar, it will be glad to furnish the same. If you have questions, we can be reached at 919-733-5616, ext 309. You may return this reference questionnaire by fax, if you wish, at 919-733-3584.

Yours very truly,

Greg Keel, PE
Contractor Qualifications Engineer

SGK//
Attachment

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: _____
 Telephone: _____

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

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.

Division	District 1	District 2	District 3
<input type="checkbox"/> One	<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"/> Two	<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"/> Three	<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"/> Four	<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"/> Five	<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"/> Six	<input type="checkbox"/> Robeson	<input type="checkbox"/> Cumberland <input type="checkbox"/> Harnett	<input type="checkbox"/> Bladen <input type="checkbox"/> Columbus
<input type="checkbox"/> Seven	<input type="checkbox"/> Alamance <input type="checkbox"/> Orange	<input type="checkbox"/> Guilford	<input type="checkbox"/> Caswell <input type="checkbox"/> Rockingham
<input type="checkbox"/> Eight	<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"/> Nine	<input type="checkbox"/> Davidson <input type="checkbox"/> Rowan	<input type="checkbox"/> Davie <input type="checkbox"/> Forsyth <input type="checkbox"/> Stokes	
<input type="checkbox"/> Ten	<input type="checkbox"/> Cabarrus <input type="checkbox"/> Stanly	<input type="checkbox"/> Mecklenburg	<input type="checkbox"/> Anson <input type="checkbox"/> Union
<input type="checkbox"/> Eleven	<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"/> Twelve	<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"/> Thirteen	<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"/> Fourteen	<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 Bidders for the Central Let.

Firm Name
By: _____
Officer's Signature
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 12-28-09)

(Stamp/Seal)