

**NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION
Office of Federal Compliance
7 Hazen Drive, P.O. Box 483, Concord, NH 03302-0483
Telephone (603) 271-8252**

**PREQUALIFICATION APPLICATION
FOR ON THE JOB TRAINING (OJT)
SUPPORTIVE SERVICES**

PREQUALIFICATION STATEMENT

Company Name:	
Address:	
City/State/Zip:	
Contact Name:	Telephone:
Title/Position:	Fax:
	Email Address:

NOTE: Please answer all questions. Only completely filled prequalification statements will be considered.

Should any change occur which substantially alters the data contained herein, the above named prospective bidder shall immediately submit to the Department a complete revised Prequalification Statement developing the firm's current qualifications.

A prospective bidder will not be allowed to bid until they are prequalified. A contractor is not considered prequalified until the rules relative to filing of this statement and supporting documentation have been complied with and deemed prequalified by the committee.

Nothing in the prequalification process shall be construed as depriving the Department of the right to reject any bid where, in the opinion of the Department, other circumstances and developments have changed the qualification status of the bidder.

COMPANY INFORMATION

Company Name		Primary Contact	
Address		Telephone No.	
		Email Address	
City, State, Zip		Website	

Date Established	Founder	Corporation	Proprietorship	Partnership

What is this firm's primary line of business?

How many years has your firm been in business under your present business name? _____

How many years experience has your organization had as:

General Service Provider _____ Subcontract Service Provider _____

If a corporation answer the following:

If a partnership, answer the following:

When Incorporated	_____	Date of organization	_____
In what state	_____	Is partnership general, limited or association	_____
President's Name	_____	Name and Address of partners:	_____
Vice President's Name	_____		_____
Secretary's Name	_____		_____
Treasurer's Name	_____		_____

Owner's/Stockholders Names :

Percentage ownership:

_____	_____
_____	_____
_____	_____

BACKGROUND INFORMATION

Has your firm ever provided small business development assistance or training? _____ if so, please detail the assistance or training provided. _____

Is your firm capable of developing and providing group training for Small Businesses on topics that may include, but are not limited to, small business development, business plans, business management, recordkeeping, bookkeeping, finance, bonding, estimating, bidding? If so, please detail your experiences.

Is your firm capable of developing a needs assessment, conducting a survey and compiling a database for reference? What experience does your firm have in this area? _____

What experience does your firm have working with the construction or transportation related construction industry? _____

Has any officer, partner or principal individual of your firm ever been convicted of any anti-trust violation, convicted of fraud or been debarred from performing work on any contract? _____ If yes, state name of that individual and reason for such action: _____

RELATED EXPERIENCE: List most recently completed and/or current projects related to business development, business management, training and assistance provided to small businesses.

PROJECT 1

Contract amount:	Client name:
Date of completion:	Client contact name:
Percent complete:	Client contact phone:
May we contact for reference? Yes _____ No _____	
Contract scope (use extra sheet if needed)	

PROJECT 2

Contract amount:	Client name:
Date of completion:	Client contact name:
Percent complete:	Client contact phone:
May we contact for reference? Yes _____ No _____	
Contract scope (use extra sheet if needed)	

PROJECT 3

Contract amount:	Client name:
Date of completion:	Client contact name:
Percent complete:	Client contact phone:
May we contact for reference? Yes _____ No _____	
Contract scope (use extra sheet if needed)	

FINANCIAL

Name of Bank	Type of Account

Does your firm have comprehensive general liability insurance against all claims of bodily injury, death of property damage in amounts of no less than \$1,000,000 per occurrence and \$2,000,000 aggregate?

Yes _____ No _____

Insurance company	Agent	Aggregate Amount	Individual Limit

The undersigned, on behalf of the applicant, certifies that the applicant has not either directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with any contract with the State of New Hampshire, or any other state, or any Federal project.

I swear that all the statements herein contained have been examined by me and to the best of my knowledge and belief are true and correct.

Signed _____

Title _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public or Justice of Peace