Michigan Department of Transportation 0168 (10/17)

MDOT VENDOR AVAILABILITY QUESTIONNAIRE

Companies bidding on Michigan Department of Transportation (MDOT) prime contracts and bidding or quoting subcontracts (including contractors, truckers, material suppliers & service providers/consultants) should complete the following questionnaire.

If you have questions, or call (866) 323-1264 or e-mail Þæ ÂU ÅU Åa (<u>sundbergn@michigan.gov</u>). Mail completed questionnaires to: Michigan Department of Transportation, Office of Business Services, P.O. Box 30050, Lansing, MI 48909, Fax: (517) 335-0945 or complete your questionnaire on-line: <u>https://mdotjboss.state.mi.us/PSVR/vaqHome.htm</u>.

COMPANY NAME						TODAY'S DATE
ADDRESS						1
CITY		STATE / PROVINCE	COUNTRY		ZIP CODE	AGE OF FIRM
COMPANY'S GROSS RECEIPTS FOR THE	PAST YEA	R FALL INTO THE FOLLOW	VING RANGE (Chec	k one):		
Under \$500,000 \$2 - \$5 million Over \$22.41 million	\$500,001 - \$1 million \$5 - \$10 million			\$1 - \$2 million \$10 - \$22.41 million		
COMPANY STATUS (Check all that apply):						
Construction Prequalified Materials Supplier Bus/Transit Agency Vendor	Other Const	y Construction Trucking Trucking (i.e., freight, small packages, etc.) truction - specialized items equalification required)		Other services Service/Consultant Prequalified MDOT-certified as a Disadvantaged Business Enterprise (DBE) Airports Vendor		

Your cooperation in completing and submitting this form will help MDOT comply with federal regulations at 49CFR §26.11 (c), which require MDOT to maintain a list of firms bidding on prime contracts and bidding or quoting subcontracts on DOT-assisted projects. This form should be submitted annually.

To protect your privacy, information you provide is restricted to authorized MDOT employees only.

When completing the questionnaire, the following may be helpful:

Company name: (Enter the business name of your sole proprietorship, partnership, or corporation)

Company street address: (If your company has more than one office, enter the street address for the main office)

City: (Enter the name of the city where your main office is located)

State/Province: (Enter the state or province where your main office is located)

Country: (Select the country name from the drop-down menu box, if your company is located in Canada)

Age of firm: (Enter the number of years this sole proprietorship, partnership or corporation has been in business. If, for example, your company was a sole proprietorship, then incorporated, enter only the number of years your company has been a corporation)

COMPANY'S GROSS RECEIPTS FOR THE PAST YEAR FALL INTO THE FOLLOWING RANGE (Check one):

Under \$500,000	\$500,001 - \$1 million	\$1 - \$2 million
\$2 - \$5 million	\$5 - \$10 million	\$10 - \$22.41 million
Over \$22.41 million		

COMPANY STATUS (Check all that apply): (Construction and/or Service Prequalification and/or DBE certification applies to MDOT prequalified and/or DBE certified firms only.)

Construction Prequalified Materials Supplier Bus/Transit Agency Vendor Service/Consultant Prequalified MDOT-certified as a Disadvantaged Business Enterprise (DBE) Airports Vendor