

# CONSULTANT PREQUALIFICATION APPLICATION

**NOTE: This completed form must be included with all submittals, including requests for initial prequalification and annual renewals.**

DATE

LEGAL ENTITY NAME	DBA OR ASSUMED NAME
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ADDRESS

CITY	STATE	ZIP CODE
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FISCAL YEAR (MONTH/DAY)	FED. I.D. NUMBER
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CHECK IF APPLICABLE OVERHEAD TIER Safe Harbor Overhead Rate Overhead Rate Compilation CPA FAR Compliant Overhead Audit	CHECK ONE DBE (Disadvantaged Business Enterprise) SBP (Small Business Program)
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IS THE COMPANY SEEKING PREQUALIFICATION A SUBSIDIARY OF ANOTHER CORPORATION? If yes, supply name of corporation and other information below.           No           Yes

NAME OF CORPORATION

ADDRESS

CITY	STATE	ZIP CODE
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STATE IN WHICH INCORPORATED

Indicate whether the Vendor is a parent corporation and list the name and address of each subsidiary company.

Indicate whether the Vendor has affiliates and the name and address of each such related company.

Indicate whether any of the related companies listed are engaged in similar or related business as that of the above named company.

Indicate other businesses in which any officer, member, owner or partner, etc. is actively engaged.

Indicate whether the company, its parent, subsidiary, or any owner, stockholder, officer, partner, or employee of the company has been suspended or debarred from doing business by any State or the Federal government.

No Yes

If yes, please explain.

**PREQUALIFICATION – PRIMARY CONTACT INFORMATION**

List the name and e-mail address of your firm’s prequalification contact.

All financial, classification, and random audit requests will be sent for follow-up.

NAME	TITLE
PHONE NUMBER (Include Area Code)	E-MAIL ADDRESS (Required)

**PRIMARY AUTHORIZED SIGNER**

The Primary Authorized Signer will serve as the primary contact person to which contract related inquiries and awarded contracts will be sent.

The following individual is duly authorized to sign contracts and related documents on behalf of the legal entity identified at the top of this form.

NAME	TITLE
PHONE NUMBER (Include Area Code)	E-MAIL ADDRESS (Required)

**ADDITIONAL AUTHORIZED SIGNERS**

Additional Authorized Signers serve as backup contacts for the Primary Authorized Signer, if/when unavailable.

The following persons are duly authorized to sign contracts and related documents on behalf of the legal entity identified at the top of this form.

NAME	E-MAIL ADDRESS (Required)

**CERTIFICATION AFFIDAVIT**

The undersigned affirms they have read and understand all statements and supporting documentation submitted in this application package, and that everything is true and correct and includes all material information necessary to identify and explain the operations of

Any misrepresentation will be grounds for revoking prequalification and for initiating action under federal or state laws concerning false statements.

I understand that by signing below, I have/will use the E-Verify system to verify that new employees are legally present and authorized to work in the United States. I agree to supply/receive information electronically and agree to utilize MDOT’s current digital signature software as the legal equivalent of my hand-written signature on all required transactions.

PRINT OR TYPE NAME, SAME AS SIGNATURE BELOW	TITLE
AUTHORIZED SIGNATURE	DATE

**NOTE:** Beginning January 1, 2018, MDOT will execute all consultant contracts digitally. Please visit [www.Michigan.gov/MDOT-eSign](http://www.Michigan.gov/MDOT-eSign) for more information.