

Michigan Department
of Transportation
1313 (08/2024)

MDOT USE ONLY	
<input type="checkbox"/> New	<input type="checkbox"/> DBE
<input type="checkbox"/> W-9 Received	_____
<input type="checkbox"/> Continuous	_____
<input type="checkbox"/> Late Expired	_____
Date Received	_____
Contractor Code	_____

CONFIDENTIAL

CONSTRUCTION PREQUALIFICATION APPLICATION

(This information is required by P.A. 170 of 1933 to certify eligibility for bidding on projects)

**As of Fiscal Year End
(MM/DD/YY)**

Instructions: Each item must be answered. Whenever a particular item does not apply, write "none" or "n/a" (not applicable). Please type or print legibly in dark ink when preparing the application. If additional space is needed, attach a separate sheet, maintaining application in page order throughout.

Legal Company Name (Bidder): _____

Mailing Address: _____

Shipping Address (If different): _____

City: _____ State: _____ Zip Code + 4: _____

Company Telephone Number: _____ Company Fax Number: _____

Company's Website Address: _____

Contact/Person Who Completed Application: _____

Contact E-mail Address: _____

(This e-mail address must be for a company employee and will be used for Awards AND Prequalification communication. Fill out [Form 5637](#) to change contacts.)

Submit the fully-completed application through the Construction Prequalification Section of MDOT's e-Proposal site available at [MILogin for Third Party](#). Click [here](#) for video instructions.

** PREQUALIFICATION CHECK LIST **

Please review before submitting prequalification application.

1st time applicants only

- [W-9](#) (call (517) 373-4111 to confirm if W-9 was previously submitted).
- **Articles of Incorporation** or **Articles of Organization**.
- **Sole Proprietorship** - if doing business in a name other than the proprietor, a **Certificate of Assumed Name** is required. This document may be obtained from the local township office.
- [Electronic Bidding](#) required for those bidding as a prime contractor.
- If incorporated outside of Michigan, a **Certificate of Authority to do Business in Michigan** is required before a contract can be awarded. To apply for a certificate, contact the Michigan Department of [Licensing and Regulatory Affairs \(LARA\)](#) at (517) 241-6470. Once obtained, submit certificate to MDOTPrequal@Michigan.gov.
- [Reference Form 5107](#) (if not a 1st time applicant but adding new classifications).

Maintain application in page number order throughout.

Review "[Administrative Rules Governing the Prequalification of Construction Contractors](#)" as amended on December 4, 2009, prior to submission of application.

Fully complete front cover through page 24.

Pages 22-24: Only original signatures of person(s) authorized to execute contracts will be accepted. Printed or typed names and signatures **MUST MATCH EXACTLY**.

For prequalification over \$2,000,000 – include CPA Audited Financial Statement OR

For prequalification up to \$2,000,000 – include CPA Compiled or Reviewed Financial Statement OR Bank Statement and Account Receivable Verification forms.

- [Bank Statement Verification](#) – If a CPA audit, compilation, or review is **not** submitted, complete the top section and submit the form to your bank for verification before submitting your application.
- [Account Receivable Verification](#) – If a CPA audit, compilation, or review, is **not** submitted, complete the top half of the form and submit to debtors for amounts owed over \$500 before submitting your application. Unverified amounts will be deducted from your assets.
- **Equipment Appraisal (Optional):** Select a company from the [List of Acceptable Appraisal Firms](#). An appraisal is good for two years (second year requires CPA certification of changes). The equipment must be appraised as of your fiscal year end.
- If your application is received on or before the current expiration date, your financial rating will stay in effect until the renewal application has been processed. A high volume of applications is received in early spring and creates a backlog for processing.
- **Accommodation Access:** If you need this information in an alternate format such as large print, braille or audio tape, or require another type of accommodation, contact TDD/TTY through the Michigan Relay Center (800) 649-3777.
- For questions, please contact Theresa Myrick at (MyrickT@Michigan.gov) or Pauline Bouck at (BouckP@Michigan.gov).

Web site: [Contractors Service Center](#)

WORK CLASSIFICATIONS

- | | |
|---|---|
| <p>B. Concrete Pavement
Construction of Portland cement
Concrete base and surface course.</p> | <p>I. Seeding and Sodding</p> |
| <p>Ba. Concrete Pavement Patching and
Widening.</p> | <p>J. Miscellaneous Concrete Items
Construction of concrete curb and
gutter, sidewalk, barrier wall,
driveways, and other incidental
construction.</p> |
| <p>Ca. Chip Seals</p> | <p>K. Sewers and Watermains</p> |
| <p>Cb. Plant-Mixed Hot Mix
Asphalt/Bituminous Paving.</p> | <p>Ka. Tunneling and Jacking</p> |
| <p>Ea. Grading, Drainage Structures, and
Aggregate Construction.</p> | <p>L. Electrical Construction
(Master & Electrical License required)</p> |
| <p>Fa. Bridges and Special Structures

Construction of masonry, fabricated
steel, prestressed concrete beam, or
timber bridges, large culverts and
grade separations, special structures
and other incidental construction.</p> | <p>N2. Clearing</p> <p>N3. Pavement Marking</p> <p>N4. Bridge Painting
(SSPC Certification required/QP1 &
QP2)</p> |
| <p>Fb. Structural Steel

Erecting structural steel, prestressed
concrete beams and placing
reinforcing steel on bridges and
grade separations and other
incidental structures.</p> | <p>N5. Railroad Track Construction</p> <p>N6. Permanent Signs</p> <p>N7. Waterproofing</p> |
| <p>Fd. Pump stations
Construction of pump stations and
other incidental structures.</p> | <p>ITS. Intelligent Transportation System
(Master & Electrical License required)
Install Intelligent Transportation
Systems (ITS) including, but not
limited to: Surveillance, Vehicle
Detection, and Traveler Information
Systems; Communications and
Network Infrastructure; Video
Compression Equipment; Road
Weather Information Systems
(RWIS); Power Systems; and
Auxiliary ITS Devices.</p> |
| <p>G. Building Moving and Demolition
Building moving, demolition and
other incidental construction.</p> | <p>RTC. Developing a rail trail surface
described by the DNR along an
existing pathway or developing a
new alignment per DNR guidance.</p> |
| <p>H. Landscaping
Contracts involving ornamentation of
roadsides and parks and other
incidental construction.</p> | |

N9 CLASSIFICATIONS

The classification codes shown in parentheses following some N9 classifications below are considered to already include that particular N9 classification. If you are prequalified in the classification in parentheses, please do not request that particular N9 classification. (For example, if you are prequalified in Fa, do not request N9-1A, Bridge Deck Repair.)

1. BRIDGE

- N9-1A. Bridge Deck Repair (Fa)
- N9-1B. Bridge Railing Replacement (Fa)
- N9-1C. Concrete Structure Repair (Fa)
- N9-1D. Concrete Bridge Railing (Fa)
- N9-1E. Structural Crack Repair
- N9-1F. Hydrodemolition
- N9-1G. Bridge Painting/Limited
- N9-1H. Heat Straightening H-S Type 1
- N9-1I. Heat Straightening H-S Type 2

2. ROADWAY (GRADE)

- N9-2B. Edge Drain (Ea)
- N9-2C. Erosion Control Structures (Ea)
- N9-2D. Crushing and Shaping

3. PAVEMENTS

- N9-3A. Cold Milling
- N9-3B. Rubblizing Concrete Pavement (B, Ba)
- N9-3C. Concrete Sawing
- N9-3D. Grinding and Grooving
- N9-3E. Overband Crack Fill
- N9-3F. Joint or Crack Fill (B,Ba)
- N9-3G. Joint Repair (Detail 7 & 8)
- N9-3H. Slurry Seal
- N9-3I. Microsurfacing

4. DRAINAGE

- N9-4A. Sewer Cleanout
- N9-4B. Sewer Inspection

5. FOUNDATIONS

- N9-5A. Augered Piling(Fa)
- N9-5B. Caisson Drilling
- N9-5C. Pile Driving (Fa)
- N9-5D. Sheet Piling (Fa)
- N9-5E. Drilled Shafts/Complex
- N9-5F. Micropiles (Special Provisions)

6. GENERAL

- N9-6C. Placing Resteel (Fa, Fb)
- N9-6E. Rail Salvage
- N9-6F. Railroad Signals
- N9-6I. Raised Pavement Markers
- N9-6K. Attenuators
- N9-6L. Guardrail
- N9-6M. Fences
- N9-6N. Paving Brick

STATES IN WHICH YOU ARE PREQUALIFIED TO DO HIGHWAY CONSTRUCTION WORK	DOLLAR AMOUNT OF PREQUALIFICATION

To what date have governmental agencies examined your records for tax purposes?
 Internal Revenue Service: _____ State Governmental Agencies: _____ Municipal Governments: _____

If a partnership, what are the partners income tax liability?

Will it be expended from partnership funds?

Is the contractor a Sub-chapter S corporation? Yes No
 If yes, will the working capital of the corporation be significantly affected by distributions of earnings during the operation period subsequent to the balance sheet date? (Attach explanation if necessary.) Yes No

Have you ever failed to complete any work awarded to you? Yes No
 If yes, where and why?

When does your fiscal year end?

In the past fiscal year, what percentage of your total dollar value of work was performed:
 In Michigan % Outside of Michigan %

If not a Michigan corporation, is this corporation licensed to do business in Michigan? Yes No

DIRECTORS OF CORPORATION		
NAME	ADDRESS	TERM EXPIRES

Is the company seeking prequalification a subsidiary of another corporation? If yes, Supply name of corporation and other information below: Yes No

NAME OF CORPORATION

ADDRESS CITY STATE ZIP CODE

STATE IN WHICH INCORPORATED DATE

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

Indicate whether the bidder 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 Bidder.

Has the entity (bidder) or any of the officers, members, owners or partners, etc. in this entity ever been or are now officers, members, owners or partners, etc. in an entity that has failed in business or failed to complete work awarded? Yes No If yes, explain.

Has this entity (bidder) or any of its officers, members, owners or partners, etc. ever been or are now an officer, member, owner, or partner, etc. in an entity that has been denied prequalification or removed from an approved bidder's list by this or any other state or Federal Government? YES NO If yes, provide complete details including when, where, and why.

Indicate other businesses in which any officer(s), member(s), owner(s) or partner(s), etc. is/are actively engaged.

Please provide the name and location of any plants (concrete or HMA), aggregate/sand sources, manufacturer, distributor, fabricator, etc. that are owned/related in any way to the bidder or any of its officers, members, owners, or partners, etc.

Indicate the individuals who own the company (bidder). If the bidder is owned by another company, please indicate the ownership of that company.

Has your company (bidder) ever existed under a different name? YES NO If yes, please explain.

Owners, partners, stockholders (those holding more than 10% interest of the outstanding stock), officers, and directors are required to disclose the following information.

(A) FINANCIAL INTEREST IN OTHER BUSINESSES

List the names of other businesses in which the owners, partners, stockholders, officers, and directors have a financial interest.

(B) FINANCIAL INTEREST IN OTHER PREQUALIFIED BIDDERS

Name all MDOT prequalified bidders (individuals, partnerships, or corporations), in which you have a financial interest (equity loans, etc.) or in which you are an officer or director.

NAME OF OTHER BIDDERS	NAME OF INDIVIDUAL PARTNER STOCKHOLDER OFFICER OR DIRECTOR	NUMBER OF SHARES	AMOUNT OF LOAN	% OF OUTSTANDING STOCK OWNED
TOTAL				

(C) OTHER PREQUALIFIED BIDDERS FINANCIAL INTEREST IN YOUR COMPANY

Name all MDOT prequalified bidders (individual proprietorships, partnerships, or corporations), which have a financial interest (equity, loans, etc.) in your company.

NAME OF OTHER BIDDERS	NUMBER OF SHARES	AMOUNT OF LOAN	% OF OUTSTANDING STOCK OWNED
TOTAL			

**PLEASE INSERT RESUMES OF ALL KEY EMPLOYEES AFTER THIS PAGE
(First time applicants or renewals adding new, key employees)**

EXPERIENCE

How many years has your organization been in business as a contractor under your present business name? _____ Years

How many years experience in construction work has your organization had:

As a Prime Contractor? _____ Years

As a Sub-contractor? _____ Years

KEY EMPLOYEES

Below name persons within your organization who are key employees (Attach current resumes if necessary.) Electrical contractors please indicate your master electrician(s). Submit copies of the company's current electrical license and the master's license.

ENGINEERS – FOREMEN – SUPERINTENDENTS

INDIVIDUAL'S NAME	TITLE	YEARS & TYPE OF CONSTRUCTION EXPERIENCE	EDUCATION

OTHERS (OPERATORS, LABORERS, ETC.)

INDIVIDUAL'S NAME	TITLE	YEARS & TYPE OF CONSTRUCTION EXPERIENCE	EDUCATION

Do any of the persons listed above work for any other prequalified contractor? YES NO

If yes, please indicate the company and name of individuals: (attach additional page if necessary).

LEGAL COMPANY NAME (BIDDER)	FISCAL YEAR END (mm/dd/yyyy)
-----------------------------	------------------------------

The company (bidder) named above maintains its books of account on the following basis and method. Check appropriate box in each section.

BASIS	METHOD OF KEEPING BOOKS	METHOD OF PREQUALIFICATION
Cash	Completed contract	Completed contract
Accrual	Percentage of completion Other – Enclose copy of letter of approval from Prequalification Committee	Percentage of completion

**THE FOLLOWING STATEMENT WILL NOT SERVE AS AN AUDITED BALANCE SHEET.
**BALANCE SHEET MUST BE COMPLETED (TYPED) EVEN IF FINANCIAL STATEMENT IS SUBMITTED.
DOLLAR AMOUNTS MUST MATCH FINANCIAL STATEMENT.****

BALANCE SHEET

ASSETS

CURRENT ASSETS	PER BOOKS
Cash	
On hand	\$ _____
In bank (subject to withdrawal)	_____
Certificates of deposit	_____
Marketable securities	
Bonds and stocks	_____
Other (Specify)	_____

Trade accounts receivable	
Due within one year	_____
Retention on contracts	_____
Less allowance for uncollectible accounts	(_____)
NET TRADE ACCOUNTS RECEIVABLE	

Notes receivable	

Interest and dividends receivable	

Costs and estimated earnings in excess of billings on uncompleted contracts	

Inventories (at lower of market or cost) construction materials and supplies on hand	

Costs of uncompleted contracts in excess of related billing recorded	

Other allowable current assets	
Bid deposits	_____
Cash surrender value life insurance	_____
Prepayments (insurance, interest, taxes, etc.)	_____
Other assets realizable within one year. Describe fully:	_____

TOTAL CURRENT ASSETS	\$ _____

BALANCE SHEET (cont.)

ASSETS

OTHER ASSETS

PER BOOKS

Receivable due from officers and employees	\$ _____
Receivable due from affiliated companies	_____
Trade receivables over one year past due	_____
Advances to affiliated companies	_____
Other (Specify) _____	_____

TOTAL OTHER ASSETS \$ _____

FIXED ASSETS

Construction and transportation equipment	\$ _____
Less accumulated depreciation	(_____)
Net book value (per total on pages 19 and 20)	_____

Land _____

Buildings	_____
Less accumulated depreciation	(_____)
Net book value	_____

Leasehold improvements	_____
Less accumulated depreciation	(_____)
Net book value	_____

Furniture and fixtures	_____
Less accumulated depreciation	(_____)
Net book value	_____

Other fixed assets	_____
Less accumulated depreciation or Amortization	(_____)
Net book value	_____

TOTAL FIXED ASSETS \$ _____

TOTAL ASSETS \$ _____

BALANCE SHEET (cont.)

LIABILITIES

CURRENT LIABILITIES

(all liabilities payable within one year)

PER BOOKS

Notes payable bank	\$	
Notes or contracts on construction equipment and transportation obligations due within one year		
Accounts payable		
Accrued expenses (include wages, payroll taxes, fringe benefits, etc.)		
Taxes		
Federal Income tax liability		
Estimated deferred Federal and state income taxes for earnings on uncompleted contracts taken into current income		
State of Michigan Income taxes		
Other taxes (Specify)		
Total Taxes	\$	
Pension and profit sharing contributions payable		
Billings in excess of cost and estimated earnings on uncompleted contracts		
Mortgages payable (current portion)		
Other Long-term liabilities (current portion)		
Other Liabilities due within one year (Describe):		

TOTAL CURRENT LIABILITIES \$

OTHER LIABILITIES

Payable to affiliates		
Officers and employees		
Other (Specify)		

TOTAL OTHER LIABILITIES \$

LONG-TERM LIABILITIES

Long-term obligation on construction equipment		
Other due after one year (Describe):		

TOTAL LONG-TERM LIABILITIES \$

TOTAL LIABILITIES \$

BALANCE SHEET (cont.)

SHARE HOLDER'S EQUITY	PER BOOKS
Capital Stock	
Common	\$ _____
Preferred	_____
Paid-in surplus	_____
Retained earnings	_____
	Sub Total _____
Less Treasury stock, at cost	(_____)
TOTAL SHAREHOLDERS' EQUITY	\$ _____
PARTNERS' EQUITY	\$ _____
PROPRIETORSHIP EQUITY	\$ _____
TOTAL EQUITY	\$ _____
TOTAL LIABILITIES AND EQUITY	\$ _____

If your financials completed by a CPA include notes, you are not required to fill out pages 14 - 17.
If CPA notes are not included, you must complete these pages.

DETAILS – CURRENT ASSETS

CASH: In banks subject to withdrawal: _____ \$ _____

NAME OF BANK	ADDRESS	DEPOSIT IN THE NAME OF	AMOUNT

Certificates of Deposit: _____ \$ _____

NAME OF BANK	DATED	DEPOSITED IN THE NAME OF	INT. RATE	MATURITY DATE	WHERE HELD	AMOUNT

Have any of the above been pledged? Yes No If yes, state amount, to whom and reason below:

MARKABLE SECURITIES: (a) Listed – Book Value: _____ \$ _____
(b) Unlisted – Book Value: _____ \$ _____

NUMBER	NAME OF SECURITY	IN WHOSE NAME	PAR VALUE	MARKET VALUE

Have any of the above been signed or pledged? Yes No If yes, state amount, to whom and reason below:

RECEIVABLES: (a) Trade Accounts \$ _____
(b) Notes Receivables \$ _____
(c) Interests & Dividends Receivable \$ _____

DUE FROM WHOM	AMOUNT

Have any of the above been sold, assigned, or pledged? Yes No If yes, state amount, to whom and reason below:

If your financials completed by a CPA include notes, you are not required to fill out pages 14 - 17.
If CPA notes are not included, you must complete these pages.

DETAILS – CURRENT ASSETS (cont.)

Costs and estimated earnings in excess of billings of uncompleted contracts. SUBMIT SCHEDULE:

INVENTORIES (at lower of cost or market):

(a) Construction Materials \$ _____

(b) Other Supplies \$ _____

DESCRIPTION	PURCHASE FROM	QUANTITY	COST PRICE	MARKET VALUE

Costs of uncompleted contracts in excess of related billings recorded. SUBMIT SCHEDULE:

OTHER ALLOWABLE CURRENT ASSETS (Describe below):

**If your financials completed by a CPA include notes, you are not required to fill out pages 14 - 17.
If CPA notes are not included, you must complete these pages.**

DETAILS – CURRENT LIABILITIES

NOTES PAYABLE:

(a) To Banks \$ _____
 (b) Notes or contracts payable on construction equipment and transportation obligation \$ _____

TO WHOM	FOR WHAT	HOW SECURED	WHEN DUE	AMOUNT

ACCOUNTS PAYABLE:

(a) To Subcontractors \$ _____
 (b) Trade Accounts \$ _____

TO WHOM	FOR WHAT	HOW SECURED	WHEN DUE	AMOUNT

Billings in excess of cost and estimated earnings on the uncompleted contracts:

TO WHOM	FOR WHAT	HOW SECURED	WHEN DUE	AMOUNT

ACCURED EXPENSES (Describe below):

OTHER CURRENT LIABILITIES (Show details):

\$ _____

TO WHOM	FOR WHAT	HOW SECURED	WHEN DUE	AMOUNT

**If your financials completed by a CPA include notes, you are not required to fill out pages 14 - 17.
 If CPA notes are not included, you must complete these pages.**

NON-CURRENT LIABILITIES

OTHER LIABILITIES (Show detail not shown on balance sheet):

TO WHOM	FOR WHAT	WHEN DUE	AMOUNT

LONG TERM LIABILITIES:

(a) Notes or contracts payable on construction equipment after one year \$ _____

(b) Other due after one year \$ _____

DESCRIPTION	AMOUNT

INFORMATION RELATED TO CPA PREPARING FINANCIAL STATEMENTS

FIRM NAME			TELEPHONE NUMBER
ADDRESS (Street)	CITY	STATE	ZIP CODE
CPA CONDUCTING EXAMINATION			CERTIFICATE NUMBER

If submitting a printout of your equipment list, insert after this page.

LEGAL COMPANY NAME (BIDDER)

This information must be filled out completely for your Application to be processed.

NOTE: All information as listed on this schedule must be given separately for each major item of equipment. This statement is to be a detailed analysis of the net book value of **OWNED** construction and transportation equipment. Do not include leased equipment. It is a basis for determining the value of equipment in accordance with rules governing the rating of prospective bidders (see R247.41). List equipment separately by type (i.e., list all graders, then all loaders, then all dump trucks, etc.).

CONSTRUCTION AND TRANSPORTATION EQUIPMENT	NET BOOK VALUE
---	----------------

DESCRIPTION TYPE AND CAPACITY	SERIAL OR IDENTIFICATION NUMBER	DATE PURCHASED	DEPR. METHOD	EST. LIFE	PURCHASE PRICE	PRIOR YEARS' DEPRECIATION	CURRENT YEAR'S DEPRECIATION	NET BOOK VALUE
TOTALS →								

CONSTRUCTION AND TRANSPORTATION EQUIPMENT	NET BOOK VALUE
---	----------------

DESCRIPTION TYPE AND CAPACITY	SERIAL OR IDENTIFICATION NUMBER	DATE PURCHASED	DEPR. METHOD	EST. LIFE	PURCHASE PRICE	PRIOR YEARS' DEPRECIATION	CURRENT YEAR'S DEPRECIATION	NET BOOK VALUE
TOTAL FROM PAGE 18								
GRAND TOTAL (PAGE 18 & 19)								

IF AN INDIVIDUAL PROPRIETORSHIP, ANSWER THIS:

NAME OF INDIVIDUAL				
ASSUMED NAME (If Applicable)				
BUSINESS ADDRESS	STREET	CITY	STATE	ZIP CODE
RESIDENT ADDRESS	STREET	CITY	STATE	ZIP CODE
REGISTERED IN:		County	FEDERAL EMPLOYER NUMBER	

IF A CORPORATION, ANSWER THIS:

LEGAL CORPORATE NAME				
REGISTERED OFFICE ADDRESS	STREET	CITY	STATE	ZIP CODE
FEDERAL EMPLOYER NUMBER	INCORPORATION DATE		STATE OF INCORPORATION	
NAME	RESIDENT ADDRESS			
RESIDENT AGENT				
PRESIDENT				
VICE-PRESIDENT				
SECRETARY				
TREASURER				

IF A PARTNERSHIP OR LIMITED LIABILITY COMPANY, ANSWER THIS:

LEGAL PARTNERSHIP OR LLC NAME				
REGISTERED OFFICE ADDRESS	STREET	CITY	STATE	ZIP CODE
FEDERAL EMPLOYER NUMBER	DATE OF ORGANIZATION		PARTNERSHIP IS General Limited	
NAME OF PARTNERS/MEMBERS	RESIDENT ADDRESS			

PERSONS AUTHORIZED TO EXECUTE CONTRACTS

**All partners must sign contracts, unless a power of attorney modifying this is supplied.
In case of a corporation, only those signatures listed below will be accepted.**

The following persons are duly authorized to execute contracts and related documents on behalf of:

LEGAL COMPANY NAME (BIDDER)

NOTE: In addition, CORPORATIONS shall complete the Certificate of Secretary listing those persons authorized to execute contracts.

NAME (Printed or typed, must match authorized signature exactly)	AUTHORIZED SIGNATURE	DATE

EQUAL EMPLOYMENT OPPORTUNITY/EQUAL ACCESS PROGRAM

The bidder named below has initiated and intends to continue an equal employment opportunity policy designed to eliminate any discrimination in employment because of religion, race, color, national origin, age, sex, marital status, physical or mental handicap, weight or arrest record.

The bidder named below will not discriminate in providing its programs or services to the public because of religion, race, color, national origin, age, sex, marital status or physical or mental handicap. The bidder will also provide reasonable accommodation to the needs of individuals with disabilities consistent with state and federal law.

LEGAL COMPANY NAME (BIDDER)

CERTIFICATE OF SECRETARY

(Corporations only)

The undersigned, being the duly elected secretary of _____, a corporation, hereby certifies that the following resolution was duly adopted by the Board of Directors of said corporation at a meeting on _____ and that this resolution is in full force and effect:
(DATE)

“RESOLVED, That the following listed person are hereby authorized to execute, on behalf of _____ any and all contracts with the State of Michigan or other governmental entity.”

NOTE: The names typed or printed below must exactly match the names on page 22. Titles and signatures are not required on this page.

SIGNATURE OF SECRETARY	DATE
------------------------	------

AUTHORIZATION FOR VERIFICATION AND AFFIDAVIT

I, being duly sworn, understand that Act 170 of the Public Acts of 1933 permits, and the “Administrative Rules Governing the Prequalification of Construction Contractors” require the disclosure of financial and other information in the Confidential Prequalification Application and Financial Statement, Form 1313EZ. I am also aware that the submission of false and deceptive information is a misdemeanor under Act 170, and submission of fraudulent statements may result in the prospective bidder not being prequalified, swear that to the best of my knowledge, the financial statements and other information set forth in this form are true and accurate statements as of the fiscal year end _____, and that the Certified Public Accountant who prepared the financial statement accompanying this form, as well as any depository, vendor or other agency named in these documents, is authorized to supply the Michigan Department of Transportation with any information to verify the statements contained in this form

I also 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.

By signing below, I hereby confirm this company, any officers, owners, partners or employees are not currently suspended or debarred by the Federal Government.

NAME (Print or type)	TITLE
----------------------	-------

LEGAL COMPANY NAME (BIDDER)

SIGNATURE OF OWNER, OFFICER, OR PARTNER	DATE
---	------

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

NOTARY PUBLIC SIGNATURE	COUNTY/STATE	COMMISSION EXPIRES
-------------------------	--------------	--------------------

NOTARY'S PRINTED NAME _____