

Michigan Department  
of Transportation  
1313 (07/21)

**MDOT USE ONLY**☐ New☐ DBE☐ W-9 Received☐ Continuous☐ 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 Email Address: \_\_\_\_\_

**(This e-mail address must be for a company employee and will be used for Awards AND Prequalification communication.)**

**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.***

### 1<sup>st</sup> 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](mailto: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](mailto:MyrickT@Michigan.gov)) or Pauline Bouck at ([BouckP@Michigan.gov](mailto:BouckP@Michigan.gov)).

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**Web site: [Contractors Service Center](#)**

## WORK CLASSIFICATIONS

B.	Concrete Pavement Construction of Portland cement Concrete base and surface course.	I.	Seeding and Sodding
Ba.	Concrete Pavement Patching and Widening.	J.	Miscellaneous Concrete Items Construction of concrete curb and gutter, sidewalk, barrier wall, driveways, and other incidental construction.
Ca.	Chip Seals	K.	Sewers and Watermains
Cb.	Plant-Mixed Hot Mix Asphalt/Bituminous Paving.	Ka.	Tunneling and Jacking
Ea.	Grading, Drainage Structures, and Aggregate Construction.	L.	Electrical Construction <b>(Master &amp; Electrical License required)</b>
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.	N2.	Clearing
Fb.	Structural Steel  Erecting structural steel, prestressed concrete beams and placing reinforcing steel on bridges and grade separations and other incidental structures.	N3.	Pavement Marking
Fd.	Pump stations Construction of pump stations and other incidental structures.	N4.	Bridge Painting <b>(SSPC Certification required/QP1 &amp; QP2)</b>
G.	Building Moving and Demolition Building moving, demolition and other incidental construction.	N5.	Railroad Track Construction
H.	Landscaping Contracts involving ornamentation of roadsides and parks and other incidental construction.	N6.	Permanent Signs
		N7.	Waterproofing
		ITS.	Intelligent Transportation System <b>(Master &amp; Electrical License required)</b> 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.

## 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

### 2. ROADWAY (GRADE)

N9-2B. Edge Drain (Ea)  
N9-2C. Erosion Control Structures  
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

**List ONLY jobs completed in this classification within the last year, or the last two years if submitting biennially. Each job listed must give a brief description of the work performed including approximate size/dimension and each column must be filled in.**

**LIST ONLY THAT WORK PERFORMED BY YOUR ORGANIZATION (NOT WORK SUBCONTRACTED TO OTHERS)**

[illegible]

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.

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

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

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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.

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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.

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

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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.

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

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

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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/yy)

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

**BASIS**

- ☐ Cash
- ☐ Accrual

**METHOD OF KEEPING BOOKS**

- ☐ Completed contract
- ☐ Percentage of completion
- ☐ Other – Enclose copy of letter of approval from Prequalification Committee

**METHOD OF PREQUALIFICATION**

- ☐ Completed contract
- ☐ Percentage of completion

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

## BALANCE SHEET

**ASSETS**

Memorandum Entries  
If Applicable

**CURRENT ASSETS****PER BOOKS****DEBITS****CREDITS****AS ADJUSTED FOR  
PREQUALIFICATION****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

Memorandum Entries  
If Applicable

OTHER ASSETS	PER BOOKS	DEBITS	CREDITS	AS ADJUSTED FOR PREQUALIFICATION
Receivable due from officers and employees	\$ _____	_____	\$ _____	\$ _____
Receivable due from affiliated companies	_____	_____	_____	_____
Trade receivables over one year past due	_____	_____	_____	_____
Advances to affiliated companies	_____	_____	_____	_____
Other (Specify) _____	_____	_____	_____	_____
<b>TOTAL OTHER ASSETS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>FIXED ASSETS</b>				
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	_____	_____	_____	_____
<b>TOTAL FIXED ASSETS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**BALANCE SHEET (cont.)****LIABILITIES**Memorandum Entries,  
If Applicable**CURRENT LIABILITIES**

(all liabilities payable within one year)

PER BOOKS

DEBITS

CREDITS

**AS ADJUSTED FOR  
PREQUALIFICATION**

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.)**

Memorandum Entries  
If Applicable

SHARE HOLDER'S EQUITY	PER BOOKS	DEBITS	CREDITS	AS ADJUSTED FOR PREQUALIFICATION
<b>Capital Stock</b>				
Common	\$ _____	\$ _____	\$ _____	\$ _____
Preferred	_____	_____	_____	_____
Paid-in surplus	_____	_____	_____	_____
Retained earnings	_____	_____	_____	_____
<b>Sub Total</b>	_____	_____	_____	_____
Less Treasury stock, at cost	( _____ )	( _____ )	( _____ )	( _____ )
<b>TOTAL SHAREHOLDERS' EQUITY</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>PARTNERS' EQUITY</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>PROPRIETORSHIP EQUITY</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>TOTAL EQUITY</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**INCOME STATEMENT**  
PER BOOKS OF ACCOUNT

Gross Billings on Contracts	\$ _____
*Costs of Contracts	\$ _____
Gross Profit (Loss) on Contracts	\$ _____
*Operating Expenses	\$ _____
Operating Income	\$ _____
Other Deductions (Net)	\$ _____
Other Income (Net)	\$ _____
Net Income Before Federal Income Tax	\$ _____
Federal Income Tax	\$ _____
<b>NET INCOME (LOSS) FOR YEAR</b>	<b>\$ _____</b>

\*Amount of Current Depreciation Expense for Construction and Transportation Equipment only.  
(Per total on pages 19 and 20)

\$ \_\_\_\_\_

**THE ABOVE STATEMENT WILL NOT SERVE AS A  
CERTIFIED PUBLIC ACCOUNTANT (CPA) INCOME STATEMENT.**

**Summary – Depreciation Expenses**

Building	\$ _____
Construction Equipment	\$ _____
Transportation Equipment	\$ _____
Office Furniture & Fixtures	\$ _____
Other _____	\$ _____

**TOTAL**      \$ \_\_\_\_\_

If your financials completed by a CPA include notes, you are not required to fill out pages 15 - 18.  
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 15 - 18.  
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**DETAILS – CURRENT ASSETS (cont.)**

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

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**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:**

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**OTHER ALLOWABLE CURRENT ASSETS (Describe below):**

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**If your financials completed by a CPA include notes, you are not required to fill out pages 15 - 18.  
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):**


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**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 15 - 18.**  
**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 NO.
ADDRESS (Street)	CITY	STATE	ZIP CODE
CPA CONDUCTING EXAMINATION			CERTIFICATE NO.

**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 \$ \_\_\_\_\_

[illegible]

CONSTRUCTION AND TRANSPORTATION EQUIPMENT	NET BOOK VALUE      \$ _____
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DESCRIPTION TYPE AND CAPACITY	SERIAL OR IDENTIFICATION NO.	DATE PURCHASED	DEPR. METHOD	EST. LIFE	PURCHASE PRICE	PRIOR YEARS' DEPRECIATION	CURRENT YEARS' DEPRECIATION	NET BOOK VALUE
Are there any liens against the above? If yes, what is the total amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$		TOTALS →					

**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 NO.	

**IF A CORPORATION, ANSWER THIS:**

LEGAL CORPORATE NAME				
REGISTERED OFFICE ADDRESS	STREET	CITY	STATE	ZIP CODE
FEDERAL EMPLOYER NO.	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 NO.	DATE OF ORGANIZATION		PARTNERSHIP IS <input type="checkbox"/> General <input type="checkbox"/> 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:

“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 1313. 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

Subscribe and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC SIGNATURE	COUNTY/STATE	COMMISSION EXPIRES
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NOTARY'S PRINTED NAME \_\_\_\_\_