

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

CONFIDENTIAL

CONSTRUCTION PREQUALIFICATION RENEWAL APPLICATION

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

Fill out this form only if all of the following criteria are met:

- CPA audited, reviewed or compiled statements included.
 - *If submitting Bank Statement Verification and Accounts Receivable Forms, use [Form 1313](#).*
- No major changes in key personnel.
 - *If key personnel added, please include resumes and [Key Personnel Additions](#).*
- No change in work classifications requested.

If all of the above are **not** met, use [Form 1313](#).

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

Instructions: Each item must be answered. If a particular item does not apply, indicate "N/A." Please type or print legibly in dark ink when preparing the application. If additional space is needed, attach a separate sheet(s), maintaining application in page number 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 (must be company employee): _____

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 to: MDOTPrequal@michigan.gov (to reduce file size, you may zip this application or upload it to your FTP site and provide MDOTPrequal@michigan.gov with access to download the application). You may password protect this document with a follow-up e-mail to MDOTPrequal@michigan.gov that contains the password.

****PREQUALIFICATION RENEWAL CHECKLIST****

Review before submitting prequalification renewal application

The 1313EZ form may not be used for more than two renewal cycles.

The 1313EZ is a renewal application and may not be used for first-time prequalification.

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

Prequalification Renewal Application (Form 1313EZ): Complete front cover through page 10.

Pages 8 – 10: Electronic signatures using CoSign are acceptable.

Typed names and signatures *must match exactly***.

CPA Audited Financial Statements: For prequalification over \$2,000,000.

CPA Reviewed/Compiled Statements: For prequalification up to \$2,000,000.

Additional Information

If your renewal application is received on or prior to your expiration date, your financial rating will stay in effect until the renewal application has been processed.

Equipment Appraisal (Optional): Select a company from the List of Acceptable Appraisal Firms. An appraisal is valid for two years (**second year requires CPA certification of changes**). The equipment must be appraised as of your fiscal year end.

Accommodation Access: If you require information in an alternate format such as large print, braille or audio tape, or require another type of accommodation, contact MDOT Contract Services Division at 517-335-4281 or TDD/TTY through the Michigan Relay Center 800-649-3777.

For questions, please contact MDOTPrequal@michigan.gov.

Web site: [Contractors Service Center](#)

LEGAL COMPANY NAME (BIDDER)	FISCAL YEAR END (MM/DD/YY)
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The bidder named above maintains its books of account on the following basis and method. Check one box for 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

BALANCE SHEET

(Dollar amounts must match financial statement)

NET WORKING CAPITAL

Total Current Assets: \$ _____

Total Current Liabilities: \$ _____

FIXED ASSETS

Construction and transportation Equipment \$ _____

Less accumulated depreciation (_____)

Net book value \$ _____

(If applicable, attach appraisal from MDOT-approved appraisal firm)

CURRENT YEAR DEPRECIATION EXPENSES

Construction Equipment \$ _____

Transportation Equipment \$ _____

CERTIFICATION

- No changes are being requested for work classification(s)
- A full CPA Audit or CPA Reviewed Statements are attached and at a minimum include:
- Balance Sheet
 - Income Statement
 - Statement of Cash Flows
- No changes in Key Personnel have occurred since the bidder's previous application was accepted

OR

- Resumes and page 6 of Form 1313 are attached

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 construction and transportation 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 NO.	DATE PURCHASED	DEPR. METHOD	EST. LIFE	PURCHASE PRICE	PRIOR YEARS' DEPRECIATION	CURRENT YEARS' DEPRECIATION	NET BOOK VALUE
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

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 (If printed or typed, must match exactly with authorized signature. CoSign is also acceptable.)	AUTHORIZED SIGNATURE	DATE

EQUAL EMPLOYMENT OPPORTUNITY/EQUAL ACCESS PROGRAM

The bidder named above 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 above 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.

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 persons are hereby authorized to execute, on behalf of _____ any and all contracts with the State of Michigan or other governmental entity.”

NOTE: The names printed below must be identical to the authorized signers on Page 8.
A signature is not required.

SIGNATURE OF SECRETARY	DATE
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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.

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 _____