Michigan Department of Transportation 1313EZ (07/21)

	MDOT USE ONLY	
<ul><li> W-9 Received</li><li> Continuous</li></ul>	☐ DBE	
Late Expired		
Date Received		
Contractor Code		1

## **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):

	pes not apply, indicate "N/A." Please type or space is needed, attach a separate sheet(s),
State:	Zip Code + 4:
Company F	ax Number:
ior a company omploy	ee and will be used for Awards AND
	application. If additional ser throughout.  State: Company F

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 communication.)

MDOT 1313EZ (07/21) Page 2 of 10

## \*\*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: \*\*Typed names and signatures <u>must match exactly</u>.

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

**CPA Reviewed/Compiled Statements:** For pregualification 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.

<u>Equipment Appraisal</u> (Optional): Select a company from the List of Acceptable Appraisal Firms. An appraisal is valid for two years <u>(second year requires CPA certification of changes)</u>. 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 TDD/TTY through the Michigan Relay Center 800-649-3777.

For questions, please contact MDOTPrequal@Michigan.gov.

Web site: Contractors Service Center

MDOT 1313EZ (07/21) Page 3 of 10

CONTRACTOR'S STATEMENT OF SPECIFIC EXPERIENCE IN WORK CLASSIFICATION	
	(1 10T OL A COLTION TION)

(LIST CLASSIFICATION)

List ONLY jobs completed or awarded 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.

#### \*ALL COLUMNS MUST BE COMPLETED\*

#### LIST ONLY THAT WORK SELF-PERFORMED BY YOUR ORGANIZATION (NOT WORK SUBCONTRACTED TO OTHERS)

	LIST ONLY THAT WORK SELF-PERFORMED BY TOUR ORGANIZATION (NOT WORK SUBCONTRACTED TO OTHERS)					
YR	DESCRIPTION OF WORK	NAME OF OWNER and PROJECT NO.	LOCATION	WORK CLASS TOTAL	JOB TOTAL	(P or S) PRIME or SUB
'14	EXAMPLE: 2000 linear feet of curb and gutter	City of Grand Rapids	US – 196 Ottawa County	\$16,000	\$53,000	S
-						
-						
-						
-						
-						

<sup>\*</sup>A copy of this page MUST be completed for EACH CLASSIFICATION submitted. Make additional copies as needed.

MDOT 1313EZ (07/21) Page 4 of 10

LEGAL COMPANY NAME (BIDDER)		FISCAL YEAR END (MM/DD/YY)
The bidder named above maintains its bool	ks of account on the following basis and m	ethod. Check one box for each section.
BASIS	METHOD OF KEEPING BOOKS	METHOD OF PREQUALIFICATION
☐ Cash	☐ Completed contract	☐ Completed contract
☐ Accrual	<ul> <li>Percentage of completion</li> <li>Other – Enclose copy of letter of approval from Prequalification</li> <li>Committee</li> </ul>	☐ Percentage of completion
	BALANCE SHEET	
** BALANCE SHEET MUST 69 COMP	LETED (INK OR TYPED) EVEN IF FI	
DOLLAR AM	OUNT MUST MATCH FINACIAL STA	ILMENI. **
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 EXPE	NSES	
Construction Equipment	\$	
Transportation Equipment	\$	
LONG-TERM LIABILITIES		
Long-term obligation on <b>ONLY</b> construction	and transportation equipment \$	S
CERTIFICATION		
No changes are being requested	for work classification(s)	
A full CDA Audis CDA Committee	or CDA Povioused Statements are attached	d and at a minimum include:
<u> </u>	or CPA Reviewed Statements are attached	u anu at a minimum include.
Balance Sheet		
Income Statement	_	
Statement of Cash Flow	S	
No changes in Key Personnel ha	ve occurred since the bidder's previous ap	pplication was accepted
	OR	
Resumes and page 9 of Form 13	13 are attached	

LEGAL COMPANY NAME (BIDDER)	This information <u>must</u> be filled out <u>completely</u> for your Application to be processed.
net book value of <b>OWNED</b> construction and transportation equipment. D	ly for each major item of equipment. This statement is to be a detailed analysis of the o not include leased equipment. It is a basis for determining the value of equipment R247.41). List equipment separately by type (i.e., list all graders, then all loaders, then
CONSTRUCTION AND TRANSPORTATION FOLLIPMENT	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 →								

MDOT 1313EZ (07/21) Page 6 of 10

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
-								

MDOT 1313EZ (07/21) Page 7 of 10

IF AN INDIVIDUAL PROPRIETORSHIP, ANSWER THIS:						
NAME OF INDIVIDUAL						
ASSUMED NAME (If Applicable)						
BUSINESS ADDRESS STREE	Т	CITY		STATE	ZIP CODE	
RESIDENT ADDRESS STREET	-	CITY		STATE	ZIP CODE	
REGISTERED IN	COUNTY		FEDERAL EMPL	OYER NO.		
IF A CORPORATION, ANSWER THIS:						
LEGAL CORPORATE NAME						
REGISTERED OFFICE ADDRESS	STREET	CITY		STATE	ZIP CODE	
FEDERAL EMPLOYER NO.	INCORPORATION DA	TE	STATE OF	I FINCORPORATION	DN	
NAME		RESID	ENT ADDRESS	3		
RESIDENT AGENT						
PRESIDENT						
VICE-PRESIDENT						
SECRETARY						
TREASURER						
	<u> </u>					
IF A PARTNERSHIP OR LIMITED LIABIL	LITY COMPANY, ANS	SWER THIS:				
LEGAL PARTNERSHIP OR LLC NAME	,					
REGISTERED OFFICE ADDRESS	STREET	CITY		STATE	ZIP CODE	
FEDERAL EMPLOYER NO.	DATE OF ORGANIZA	TION	PARTNER  Genera		Limited	
NAME OF PARTNERS/MEMBERS		RESID	ENT ADDRESS	3		

MDOT 1313EZ (07/21)

#### PERSONS AUTHORIZED TO EXECUTE CONTRACTS

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

LECAL COMPANY NAME (DIDDED)		
LEGAL COMPANY NAME (BIDDER)		

NOTE: In addition, <u>CORPORATIONS</u> 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 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.

MDOT 1313EZ (07/21) Page 9 of 10

## **CERTIFICATE OF SECRETARY**

(Corporations only)

The undersigned, being the duly elected se	ecretary of a		,
corporation, hereby certifies that the follow	ing resolution	n was duly adopted	by the Board of Directors of
said corporation at a meeting on(DATE)	and that	this resolution is in	full force and effect:
"RESOLVED, That the following list	•	•	
Michigan or other governmental entity.	,,		
The names typed or printed be		required on this	. •
	_		_
	_		
	_		
SIGNATURE OF SECRETARY			DATE

MDOT 1313EZ (07/21) Page 10 of 10

# AUTHORIZATION FOR VERIFICATION AND AFFIDAVIT

		•	
Rules Governing the Prequalification of Construction	on Contractors	s" require the disc	losure of financial and
other information in the Confidential Prequalification	n Application	and Financial Sta	tement, Form 1313EZ.
I am also aware that the submission of false and d	eceptive inforr	mation is a misder	meanor under Act 170,
and submission of fraudulent statements may result	in the prospec	ctive bidder not be	ing prequalified, swear
that to the best of my knowledge, the financial state	ements and of	ther information se	et forth in this form are
true and accurate statements as of the fiscal year e	end,	and that the Certi	ified Public Accountant
who prepared the financial statement accompanyin	g this form, a	s well as any o	depository, vendor or
other agency named in these documents, is	s authorized t	o supply the Mid	chigan Department of
Transportation with any information to verify the stat	ements contai	ned in this form.	
I also understand that by signing below I have	/will use the	E-Verify System	n to verify that new
employees are legally present and authorized to			•
. ,			
By signing below, I hereby confirm this compa	iny, any office	ers, owners, part	ners or employees
		,, <b>-</b>	nord or omproyede
are not currently suspended or debarred by the	Federal Gov	· •	
are not currently suspended or debarred by the NAME (Print or type)	Federal Gov	· •	
	Federal Gov	ernment.	
NAME (Print or type)  LEGAL COMPANY NAME (BIDDER)	Federal Gov	ernment.	
NAME (Print or type)	Federal Gov	ernment.	DATE
NAME (Print or type)  LEGAL COMPANY NAME (BIDDER)	Federal Gov	ernment.	
NAME (Print or type)  LEGAL COMPANY NAME (BIDDER)	Federal Gov	ernment.	
NAME (Print or type)  LEGAL COMPANY NAME (BIDDER)  SIGNATURE OF OWNER, OFFICER, OR PARTNER		ernment.  TITLE	DATE
NAME (Print or type)  LEGAL COMPANY NAME (BIDDER)	day	of	DATE20
NAME (Print or type)  LEGAL COMPANY NAME (BIDDER)  SIGNATURE OF OWNER, OFFICER, OR PARTNER		of	DATE
NAME (Print or type)  LEGAL COMPANY NAME (BIDDER)  SIGNATURE OF OWNER, OFFICER, OR PARTNER  Subscribe and sworn to before me this	day	of	DATE20

Rev 12/21/2020