



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



William Cass, P.E.
Commissioner

Enclosed is a copy of our Prequalification Regulations for contractors wishing to bid on projects advertised by this Department. Also included are copies of the Prequalification Statement and "Standard Form-Request for Proposal".

Your attention is called to TRA 401:04 Contractor Information, subsection (c) of the regulations, regarding an audited financial statement by an independent Certified Public Accountant and his/her letter of unqualified opinion. Also please note TRA 401.06(a), which states "in no case shall a request for prequalification be accepted after the tenth day set for the opening of bids for the project on which the contractor under consideration intends to bid".

In regards to the "Standard Form-Request for Proposal", the following information may be helpful. This form is to be completed at each request for bidding documents from this Department. Under the item "Value of uncompleted Work", list the total value of work remaining to be done on contracts. Under the item "Amount of uncompleted Work to be done by Subs", list the dollar value of work remaining that is to be done by others.

Prospective Bidders should also be aware that all projects require a bid guaranty and projects for which the apparent low bid exceeds \$35,000 or more will require a 100% contract bond which must be filed with the Contract Office prior to Governor and Council approval of the contract. All Public Works projects, regardless of the bid amount will require a 100% contract bond. Liability insurance and Worker's Compensation Insurance is also required. The necessary amounts are specified in the 2016 Road and Bridge Specifications and in the Special Provisions for each project.

Each applicant will need to submit a letter from their bonding company indicating both single and aggregate bonding limits.

If any further information is desired regarding your request for prequalification, please feel free to contact me at 603-271-3402 or email me at michelle.a.drouin@dot.nh.gov.

Sincerely,

Michelle Drouin
Prequalification Administrator

NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION
PREQUALIFICATION STATEMENT

HPQS - 167
Rev. September 2017

Date _____

Firm Name _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Fax No. _____

E-Mail address: _____

CLASSIFICATION REQUESTED

Road Construction _____	Guardrail Construction _____
Traffic Signals _____	Bridge Construction _____
Bridge Rehabilitation _____	Bridge Painting _____
Covered Bridges _____	Marine Construction _____
Paving _____	Site Work _____
Building Construction _____	Building Demolition _____
HVAC Work _____	Electrical Work _____
Roofing _____	Asbestos Work _____
Other _____	

NOTE: Should any change occur which substantially alters the data contained herein, the above named prospective bidder shall immediately submit to the Department a complete revised Prequalification Statement developing the firm's current qualifications.

No proposal will be granted to a prospective bidder who is not prequalified. A contractor is not considered prequalified until the rules relative to filing of the prequalification statement and the financial report have been complied with and until determination of "Classification" and "Capacity" ratings has been made.

Nothing in the "Regulations for Prequalifying Contractors" shall be construed as depriving the Department of the right to reject any bid where, in the opinion of the Department, other circumstances and developments have changed the qualification or responsibility of the bidder.

Name _____

- A Corporation
- A Co-Partnership
- An Individual
- Limited Liability Co.

Address _____

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

How many years experience in _____ construction work has your organization had: (a) As a General Contractor? _____

(b) As a Sub-Contractor? _____

If a Corporation or LLC, answer the following:	If a Co-Partnership, answer the following:
Capital paid in cash:	Date of Organization:
When Incorporated:	Is partnership, general, limited or association?
In what State:	Name and address of partners
President's Name	
Vice-President's Name	
Secretary's Name	
Treasurer's Name	

Owner's/Stockholder's Names (10%+)

Percentage Ownership

List any affiliation of the contractor organization, principal individual, officer or director with any other contractor or material supplier;

Have you ever failed to complete any work awarded to you? _____

If so, where, when, and why? _____

Has any officer or partner of your organization ever been an officer of partner of some other organization that failed to complete a construction contract? _____

If so, state name of individual, other organization and reason therefore _____

Has the organization or legal entity, its officers or partners in the past three years been formally accused of an antitrust violation; formally accused of a bidding crime or formally accused of any charge that could lead to debarment in NH or another jurisdiction? _____

Has any officer or partner of your organization ever failed to complete a construction contract handled in his own name? _____

If so, state name of individual, name of Owner and reason therefore _____

Has any officer, partner or principal individual of your organization ever been convicted of any anti-trust violation, or been debarred from performing work on any contract? _____

If so, state name of that individual and reason for such action _____

Date of reinstatement _____

13. Names of persons or entities who account for 25% or more of the total of notes receivable, and an indication of the percentage for each.

If individual notes receivable do not total 25%, please so indicate below.

NAMES	PERCENTAGE
_____	_____
_____	_____
_____	_____
_____	_____

LIABILITIES AND EQUITY

1. Notes Payable (a) due within one year (Also complete Item 10 page 9)	
(b) due after one year	
2. Accounts Payable	
3. Equipment Lease (Rental) Purchase Agreements	
4. Amount owed on equipment (a) due within one year	
(b) due after one year	
5. Real Estate encumbrances (a) Business	
(b) Personnel	
6. Federal Income Tax Provision (a) due within one year	
(b) Reserves	
7. Other Liabilities (List)	
8. Deferred Income (Completed contract method)	
9. Capital Stock paid up	
Additional Paid-In Capital	
Retained Earnings	
Net Worth	
Total Stockholders' Equity	
Stockholders' Equity and Total Liabilities	
Contingent Liabilities	

Additional References: Give names and complete addresses of major suppliers and/or subcontractors with whom your firm has done business in the past three years.

Names and address of the following:

Bank_____

Bonding Company_____

Agent_____

The undersigned, on behalf of the applicant certifies that the applicant has not either directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with any contract with the State of New Hampshire, or any other state, or any federal project.

I swear that all the statements herein contained, including the declaration of ownership and organization, the financial statement, and the record of experience have been examined by me, and to the best of my knowledge and belief are true and correct.

I further certify that I am authorized to sign on behalf of the applicant.

Signed_____

Title_____

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

Notary Public or Justice of Peace

STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a **GROUP PRACTICE**, it is the group name & TIN which is required on this Alternate W-9.
If the service provider is a **SOLE PROPRIETOR**, it is the individual name & TIN which is required on this Alternate W-9.

BUSINESS NAME: _____
ADDITIONAL OR DBA NAME: _____
REMIT ADDRESS: _____
CITY/TOWN: _____ *STATE:* _____ *ZIP:* _____
BUSINESS ADDRESS: _____
CITY/TOWN: _____ *STATE:* _____ *ZIP:* _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

SOCIAL SECURITY # (SSN): _____ *FED ID # (EIN/FIN):* _____

dun & Bradstreet Unique Numbering System (DUNS #) _____

PRINCIPAL ACTIVITY

Service Provider Product/Merchandise Provider Other Provider

List the principal type of service, product or other that is provided: _____

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

Individual/Sole-Proprietor Partnership/LLP Government
 Corporation Estate or Trust Health Care Provider
 LLC Non-Profit (attach exemption) Legal Services

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type): _____

TELEPHONE #: _____ **TOLL FREE #:** _____ **FAX #:** _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN WHEN COMPLETED TO:

NH Department of Transportation
Bureau of Finance & Contracts
7 Hazen Drive, Room 130
Concord, NH 03302-0483

New Hampshire Department of Transportation
STANDARD FORM-REQUEST FOR PROPOSAL

Request for proposal forms and plans must be made on this form and signed by an authorized representative of the company. "Status of Work Under Contract", both Public and Private must be completely filled out in the space provided below. Contracts \$50,000.00 or less may be lumped into a single total. Please use a separate form for each project request.

New Hampshire Department of Transportation
P.O. Box 483, Room 131, Contracts
Concord, NH 03302-0483

Enclosed is \$___, payable to the Treasurer, State of New Hampshire. Please forward to the undersigned plans and proposals for the following project:

Project Name	Project Number	Check One	Do Not Use
		Prime: <input type="checkbox"/>	
		Sub: <input type="checkbox"/>	

STATUS OF WORK UNDER CONTRACT
(As of Date Request)

Description of Contract	Owner and Contract	Amount of <i>CONTRACT</i>	Total Value of Uncompleted Work \$	Total of Uncompleted work to be done by Sub \$	Completion Date
Total:					

Work to be charged Against Contractor: _____

I hereby certify that under penalty of perjury that the foregoing is a true and complete statement of all public and/or private work under contract or otherwise prosecuted both in and outside of the State of New Hampshire as of the date of this request.

(Signature)

Firm Name

Address

City/Town

Telephone