

TO:
NEW JERSEY DEPARTMENT OF TRANSPORTATION
BUREAU OF CONSTRUCTION SERVICES, PROCUREMENT
P.O. BOX 600
TRENTON, NEW JERSEY 08625-0600

**CONTRACTOR'S FINANCIAL AND EQUIPMENT STATEMENT
EXPERIENCE QUESTIONNAIRE AND PAST PERFORMANCE RECORD**

TO BE USED ONLY FOR ORIGINAL CLASSIFICATION OR FOR RENEWAL OF CLASSIFICATION

The Financial information, as verified by the accompanying audited or reviewed Financial Statements, is accurate as of _____ . A combined or compilation financial statement is not acceptable.
(Use end of month date)

Submitted by _____
(The Applicant for Classification) (Federal Employer Identification Number)

AN INDIVIDUAL A PARTNERSHIP A CORPORATION A LIMITED LIABILITY CORPORATION

Address _____

E-Mail Address _____ Fax Number _____

Telephone Number (Area Code) _____ Exchange _____ Number _____

If the books and accounts of the organization are not at this address, show the location where they are kept.

To be completed for a partnership or limited liability corporation. Date of organization. _____

State whether partnership is general, limited or association. _____

NAMES OF PARTNERS & MANAGERS	ADDRESS

To be completed for a corporation. Date incorporated. _____

State _____ Capital paid in cash _____

If not incorporated in New Jersey - Date of Certificate of Authority to perform work in New Jersey _____

TITLE	NAME	ADDRESS
President		
Vice President		
Secretary		
Treasurer		
Registered Agent in New Jersey		

The officers of a New Jersey corporation must include a President, a Secretary and a Treasurer, N.J.S.A. 14A:6-15 (1).
If the by-laws of the corporation provide for other officers, attach statement listing their names, titles and addresses.

This questionnaire is submitted for: ORIGINAL CLASSIFICATION RENEWAL OF CLASSIFICATION

Classification Requested _____
(Type of Work - See Attached WORK TYPE CLASSIFICATIONS on pages 15-21.)

For Electrical, Asbestos Removal, Landscaping, or Blasting Contractors Only

Business Permit Number _____ }
Electrical, Asbestos, Pesticide, or Blasting License Number(s) _____ } Expiring _____

1 Accounts receivable from Construction Contracts and Status of Contracts on Hand (Omit Cents)
The accounts receivable schedule must be for the same date as the CPA statements

NAME OF OWNER & COMPLETE ADDRESS STREET,TOWN,STATE, ZIPCODE & PHONE NUMBER	NAME & LOCATION OF PROJECT - TYPE OF WORK PERFORMED BY YOUR ORGANIZATION (see pg 7 for work desc.)	Prime or Subcontractor		(A) ADJUSTED CONTRACT AMOUNT	(B) AMOUNT EARNED & BILLED	(C) AMOUNT RECEIVED	(D) RETAINAGE		(E) AMOUNT NOW DUE EXCLUDING RETAINAGE	(F) EARNED SINCE LAST ESTIMATE	(G) BALANCE TO BE COMPLETED	(H) ESTIMATED COMP- LETION DATE
		Prime	Sub				DATE DUE	AMOUNT				
		TOTALS										

The total receivables and the amount earned since last estimate (work in process) must agree with the CPA figures.

NOTE: The balance to be completed on contracts on hand must be indicated. To determine the balance to be completed, Columns "A" minus "B" minus "C" should equal Column "D". (Balance to be Completed) Column "B" minus "C" minus "D" to equal "E".

CONSTRUCTION EQUIPMENT SCHEDULE
THE FINANCIAL INFORMATION TO BE PROVIDED MUST BE FOR THE SAME DATE AS THE CPA STATEMENTS

2	STATEMENT OF CONSTRUCTION EQUIPMENT OWNED BY APPLICANT - (LIST INDIVIDUALLY)											
	Your ID Number	MAKE	DESCRIPTION	SIZE	MODEL NUMBER	SERIAL NUMBER	YEAR MFG.	Purchase Price Year Purchased	Accumulated Depreciation	NET BOOK VALUE	Unpaid Balance - Long-Term Lea	
											TOTAL	

List below or attache schedule showing equipment leased for more than twelve (12) months from date of applications to perform types of work for which eligibility is requested.
Please attach a copy of the lease agreement.

3	LEASED EQUIPMENT SCHEDULE			
Quantity	Description and Capacity of Items	Age of Items	Lease Expiration Date	Lessor

IMPORTANT NOTES

4

Letters from your banks, certifying to the establishment of lines of credit, may be submitted for the purpose of augmenting your financial qualifications. Such letters must be specific as to the amount of the line of credit established. Letters previously submitted or already on file will not be considered in determining new classification. This page properly completed may be used as a letter certifying to such a line of credit. If more than one letter is being submitted, the second or subsequent letters must be in this form or regular bank letterhead and should be attached to this page.

NAME OF BANK _____ TELEPHONE NO. _____

ADDRESS _____

NEW JERSEY DEPARTMENT OF TRANSPORTATION
1035 Parkway Avenue, PO Box 605
Trenton, New Jersey 08625-0605

DATE _____
(Not prior to that of the Financial Statement)

Sir/Madam:

A line of credit, in the amount of \$ _____ has been placed at the disposal of _____
_____ for use when, as and if needed during the twelve month period beginning
_____, subject to the usual conditions, including the requirement that their financial and
(Not prior to that of the Financial Statement)

other conditions remain satisfactory. We have loans in the total amount of \$ _____ outstanding to this firm at the present time against this line of credit.

The line of credit is not secured by any current assets nor construction equipment.
(If secured, list assets used as collateral).

This line of credit has been given with full knowledge of the following lines of credit extended by other banks:

During the past two years the maximum use made of lines of credit extended by this bank has been:

Should any termination, reduction or increase in this line of credit occur, we shall notify you within 10 business days thereafter.

(Signature of Bank Officer)

STATE OF _____ }

COUNTY OF _____ }

SS: _____

_____ being duly sworn, deposes and says

that they are _____ of the _____

The bank named in and which executed the foregoing statement.

Sworn to before me this _____ day of _____ 20 _____

Notary Public

5

**RECAPITULATION OF NET WORKING CAPITAL, NET BOOK VALUE CONSTRUCTION EQUIPMENT
AND AVAILABLE OF LINE OF CREDIT**

(As presented in the accompanying CPA Audited
or Reviewed Financial Statements and Letter(s)
of Line of Credit from the Bank(s))

1. Total Current Assets	\$ _____
2. Less: Total Current Liabilities	\$ _____
3. Net Working Capital	\$ _____
4. Net Book Value of Construction Equipment Owned (Each Piece of Construction Equipment must be Listed in the Foregoing Equipment Schedule Excluding Automobiles, Office Equipment, Etc.)	\$ _____
5. Approved, Unsecured Line of Credit (Must not be dated prior to Financial Statement Date)	\$ _____
6. Less: Portion of Line of Credit in Use	\$ _____
7. Available Line of Credit	\$ _____
8. Potential Working Capital Determined by Addition of Items Numbers 3, 4 and 7 above	\$ _____

6 Performance Record for the past 4 years. List all contracts completed by you during the past 4 years. Include proportionate share of joint venture contracts and identify other firms in joint venture.

NAME OF OWNER, COMPLETE ADDRESS STREET, TOWN, STATE, ZIP CODE & E-MAIL ADDRESS	NAME & LOCATION OF PROJECT - TYPE OF WORK PERFORMED BY YOUR ORGANIZATION (see pg.7 for work desc.)		Prime or Sub- Contr.		CONTRACT PRICE (OMIT CENTS)	DATE COM- LETED Mo. / Yr.	ENGINEER IN CHARGE FOR OWNER PHONE #'s & E-MAIL ADDRESS	WAS TIME EXTENSION NECESSARY	WERE ANY PENALTIES IMPOSED	WERE LIENS, CLAIMS OR STOP NOTICES FILED
	Pr.	Sub.								

7. How many years has your organization been in business under your present business name? _____
8. How many years experience in _____ construction work has your organization had
 (a) As a Prime Contractor: _____ (b) As a Sub-Contractor _____

9. What is the construction experience of the principal individuals of your organization?

Individual Name	Present Position	Length of time Employed by your Organization	Years of Construction Experience	Magnitude & Type of Work	In What Capacity

10. Have you ever failed to complete any work awarded to you? Yes No If so, where and why? _____

11. Has any officer or partner of your organization ever failed to complete a construction contract handled in his own name? Yes No if so, state name of individual, name of owner, location and type of project , and reason for the failure to complete. _____

At any time during the past ten years, pay particular attention to questions 12 to 18, has the applicant:

12. Had an injunction, order or lien entered against it in favor of any governmental agency including but not limited to judgements to liens based on taxes assessed or fines and penalties imposed by any government agency? Yes No If yes, provide complete details, including when, where, and why. _____

13. Been convicted and/or found guilty and/or pled guilty and/or found liable in any court to any of the following: antitrust statutes; racketeering statutes; environmental laws; laws banning workplace discrimination; laws governing wages, hours or labor standards; laws governing the conduct of occupations, professions or regulated industries; and/or any law indicating a lack of business integrity or honesty? Yes No
 If yes, provide complete details, including when, where, and why. _____

14. Paid a fine or otherwise paid to settle any of the allegations made by any agency of the government of any of the following: antitrust statutes; racketeering statutes; environmental laws; laws banning workplace discrimination; laws governing wages, hours or labor standards; laws governing the conduct of occupations, professions or regulated industries; and/or any law indicating a lack of business integrity or honesty? Yes No
 If yes, provide complete details, including when, where, and why. _____

15. Been denied a license, permit or other similar authorization required to engage in the business concern's trade(s) or professional discipline(s) or had any such license, permit or similar authorization been suspended or revoked by any agency of federal, state or local government? Yes No
If yes, provide complete details including when, where and why. _____

16. Been suspended, debarred, disqualified or denied a classification rating or prequalification or otherwise been declared not responsible to bid on or to perform work on any public contractor subcontract? Yes No If yes, provide complete details, including when, where and why.

17. Been required or agreed, pursuant to any agreement or settlement with any governmental agency to refrain from submitting any form of prequalification, from bidding or from proposing on any public contract? Yes No If yes, provide complete details, including when, where and why.

18. Has any owner, stockholder, officer, partner or employee of this organization ever been suspended, disqualified or debarred by this state or any other state or the federal government or by any subdivision thereof? Yes No If yes, provide complete details including when, where and why.

19. Our Equal Employment Opportunity Officer is _____ located at:

Disadvantaged Business Certification

The Federal Highway Administration, under the authority of the Civil Rights Act of 1964 and Executive Order 11246, and implementing regulations 49 CFR, Part 23 and 26, requires the Department of Transportation to submit a report of the number of contracts awarded to Disadvantaged contractors (DBE's).

To obtain and maintain the necessary statistical base, this sheet is added to Form DC-74A, our classification questionnaire. Upon receipt of the form, this page will be removed before processing the application for classification.

Definitions:

- 1. "Disadvantaged Business Enterprise" means a Small Business Concern:
 - (a) Which is at least 51 percent owned by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more socially and economically disadvantaged individuals; and
 - (b) Whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.

- 2. "Small Business Concern" means a small business as defined pursuant to section 3 of the Federal Small Business Act and relevant regulations promulgated pursuant thereto, except that a small business concern shall not include any concern or group of concerns controlled by the same socially and economically disadvantaged individual or individuals which company has annual average gross receipts in excess of \$16.6 million averaged over the most current three-year tax period.

- 3. "Socially and Economically Disadvantaged Individuals" means those individuals who are citizens of the United States (or lawfully admitted permanent residents) and who are women, Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, or Subcontinent Asian Americans and any other minorities or individuals found to be disadvantaged by the Small Business Administration pursuant to section 8 (a) of the Small Business Act.

Disadvantaged Groups Participants are defined as follows: CHECK AS APPLICABLE:

- a. An individual who is a citizen or lawfully admitted permanent resident of the United States and who is:
 - 1. "Black Americans," which includes persons having origins in any of the Black racial groups of Africa.
 - 2. "Hispanic American," which includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race.
 - 3. "Native Americans", which includes persons who are American Indians, Eskimos, Aleuts or Native Hawaiians.
 - 4. "Asian-Pacific Americans," which includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia(Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories (Republic of Palau), the Commonwealth of Northern Marianas Islands, Macao, Fiji, Tonga, Kiribati, Juvalu, Nauru, Federated States of Micronesia or Hong Kong.
 - 5. "Subcontinent Asian Americans," which includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka.
 - 6. Women.
 - 7. Any additional groups whose members are designated as socially and economically disadvantaged by the SBA, at such time as the SBA designation becomes effective.
 - 8. None of the above.

To be considered a participant in the DBE Program, a mandatory process for verifying that DBEs are owned and controlled in both form and substance by one or more disadvantaged individuals must be made by the Division of Civil Rights.

Name of Organization

(Signature)

(Title)

OWNERSHIP DISCLOSURE

The list below contains the names and home addresses of all persons and/or entities holding a 10 percent or greater beneficial interest of the undersigned entity. If one or more person and/or entity is itself an entity, the names and home addresses of all person and/or entities holding a 10 percent beneficial interest of that entity are also listed.

Entity Name

STAKEHOLDERS:

	Percent Owned
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____

For any an all publicly traded entities holding a 10 percent or greater beneficial interest, please provide links to the websites containing the last annual filings with the Federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each publicly traded entity that hold a 10 percent or greater beneficial interest.

Is the corporation applying for classification as a subsidiary of a parent entity? Yes No

Name of Parent Entity

Address

(Date Incorporated - State Incorporated)

(Name and Address of Registered Agent)

Is parent entity owner of all assets of subsidiary? Yes No

If not, what is the division? _____

Provide the Names and Home Addresses of Stockholders of Parent Entity

	Percent Owned
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____

For any an all publicly traded entities holding a 10 percent or greater beneficial interest, please provide links to the websites containing the last annual filings with the Federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each publicly traded entity that hold a 10 percent or greater beneficial interest.

Provide the names and addresses of all subsidiaries owned by the parent corporation or the applicant

	Percent Owned
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____
NAME _____ ADDRESS _____	_____

CORPORATION INFORMATION SHEET

This question must be completed.

As adopted by the Board of Directors, the officers and employees listed below are appointed and authorized to approve and execute on the Corporation's behalf, the following documents:

*1 - Contractor's Statement of Experience, Equipment and Financial Condition.

*2 - Contracts and Bonds

*3 - Addenda/Change Order/Supplemental Agreement

*4 - Force Account Agreement

* Specify the appropriate number(s) and TITLE(s) of each officer in designated column below.

If any changes are made in the appointee by the action of the Board of Directors during the eighteen month period from the date of the Financial information forwarded with this form, it SHALL be the sole responsibility and WILL be required of the corporation to submit an original Certified document advising of such action to the Bureau of Construction Services, Procurement, New Jersey Department of Transportation.

Name	Title	*Number(s)

AFFIDAVIT

STATE of _____ }
COUNTY of _____ } **SS**

_____ being duly sworn according to law, upon his or her oath deposes and says:

1. I sign the foregoing Contractor's Financial and Equipment Statement, Experience Questionnaire and Past Performance Record for and on behalf of the individual, partnership or corporation submitting this application for a classification by the New Jersey Department of Transportation and I am duly authorized to do so;
2. The information set forth and statements made in the foregoing Contractor's Financial and Equipment Statement, Experience Questionnaire, Past Performance Record, Stockholder List and Corporate Information Sheet are true, accurate and consistent with the records maintained by the individual, partnership or corporation submitting this application.
3. Any depository, vendor or other agency named in this application is hereby authorized to provide to the Commissioner Department of Transportation, or his duly authorized representative, all the information necessary to verify any statement made in the application.
4. An Affirmative Action Program of Equal Opportunity, in support of P.L 1975, C 127, the New Jersey "Law Against Discrimination" as supplemented and amended, as well as in accordance with Executive Order No. 11246 promulgated by the President of the United States, September 24, 1965 and Executive Order No. 11625, promulgated by the President of the United States, October 13, 1971, has been adopted by this organization to ensure that applicants are employed, and employees are treated without regard to their race, creed, color, national origin, nationality, gender, affectional or sexual orientation, age, ancestry, marital status, handicap or disability and that the selection and utilization of contractors, subcontractors, consultants, material suppliers and equipment lessors shall be done without regard to their race, creed, color, national origin, nationality, gender, affectional or sexual orientation, age, ancestry, marital status, handicap or disability. Said Affirmative Action Program addresses both the internal recruitment, employment and utilization of minorities and the external recruitment policy regarding minority contractors, subcontractors, consultants, material suppliers and equipment lessors.
5. All documentation required by the Affirmative Action Program of Equal Opportunity, as evidence of compliance, may be inspected at the office of the individual, partnership or corporation submitting this application.
6. The individual, partnership or corporation submitting this application acknowledges that active compliance with the aforesaid Affirmative Action Program of Equal Opportunity is necessary to its continued "responsibility" as a bidder.
7. Neither the individual, partnership or corporation applying for classification nor its corporate officers, stockholders or partners are collectively or individually suspended or debarred from doing business by this or any state or the federal government.

State of _____, County of _____ (Name of Organization)
 Sworn and subscribed before me this _____ day of _____
 _____, year of _____ (Signature)

NOTARY PUBLIC

(Title)

Notary Public of _____
 My Commission Expires on _____
 ID Number _____

**AFFIX
CORPORATE SEAL
HERE**