



# Standard Questionnaire and Financial Statement

(Chapter 468-310 WAC)

### Please type all information

Name of Applicant or Firm (As registered wit	h Wash	ington State Department of Licensing	)	
Street Address		City	State	Zip Code
PO Box		City	State	Zip Code
Telephone Fax		Date Submitte		ed
WA L&I Contractor Registration No.		Federal ID No.		Fiscal Year Ending
The above Applicant or Firm is:				
A parent Firm of:				
A Subsidiary - Division of:				

**NOTE:** Before executing this form, read all information and instruction pages carefully. This questionnaire is not used to certify a contractor as a Minority/Small/Veteran/Women Business Enterprise.



# **Standard Prequalification Questionnaire**

Note: Before executing this form, the information and instructions should be read carefully.

i. How many years has your organization	been in business as a contractor	under your present name?
2. How many years experience as a:	(a) Prime Contractor	(b) Subcontractor

3. List the construction and repair projects your organization has underway on this date:

	Contract Amount \$	* Class of Work	Percent Completed	Prime or Sub	Contracting Agency and Mailing Address	Name and Phone of Owner / Agency Rep.
3a.						
3b.						
3c.						

Attach additional sheet(s) if more space is needed

4. List the 15 largest contracts in excess of \$10,000 performed by your organization in whole or part within the preceding three years.

	Contract Amount \$	* Class of Work	Percent Completed	Prime or Sub	Contracting Agency and Mailing Address	Name and Phone of Owner / Agency Rep.
4a.						
4b.						
4c.						
4d.						
4e.						
4f.						
4g.						

Attach additional sheet(s) if more space is needed

<sup>\*</sup>Class description listed on page 4.

5. Has your organiz	zation ever faile	ed to comp	lete any work awarded to you?		Yes	No		
If "Yes", state wh	If "Yes", state where and reasons why:							
6. MSVWBE / DBE	Status (Minorit	ty/Small/Ve	eteran/Women Business Enterp	orise / Dis	advantage	d Business Enterprise		
MBE	Yes	No	Certified	Yes	No			
SBE	Yes	No	Certified	Yes	No			
VOB	Yes	No	Certified	Yes	No			
WBE	Yes	No	Certified	Yes	No			
DBE	Yes	No	Certified	Yes	No			
7 Mhat is the same	7. What is the construction or repair experience of the principal efficare and key employees (including experience and set							

7. What is the construction or repair experience of the principal officers and key employees (including superintendents) of your organization?

Individual's Name	Present Position or Office	Years of Const. Experience	Magnitude and Type of Work	Position Held

8. List equipment plant facilities (drydock or other) that are available for anticipated work. (Indicate in column 3 ownership s	tatus of
equipment and drydock facilities, pier if available. <b>O</b> - Own, <b>R</b> - Rent*, <b>L</b> - Lease)	

c.) Ownership		Present Location

<sup>\*</sup> If rental equipment is used, please have your rental agent(s) submit a letter of guarantee of availability of equipment for your firm. (Individual listing by pieces of equipment is not necessary. Grouping by types of equipment by volume of special work capabilities is sufficient).

9. In which of the following classes of work do you feel you have the equipment and experienced personnel to qualify you for the classification? Indicate those classes for which you feel you qualify by marking "X" in the appropriate box. Identify in the column on the right the complete project(s) you have shown on page 2 which are examples of the class of work you are requesting prequalification.

Class No.	Class Description	Project Example (From Page 2 Listing)
81	Vessel Construction and Renovation	
82	Drydocking - Hull Repair	
83	Vessel Metal Fabrication Repairs	
84	Vessel Electrical Repairs	
85	Vessel Miscellaneous Repairs	



1. End of Applicant's Fiscal Year

## **Financial Statement**

Attach audited financial statement when appropriate as per chapter 468-310-020(6) WAC.

Month Day		Month		Day	Year		
As of the above date, the firm's total assets	, liabilities, and ı	net worth are a	s follows:				
Total Tangible Assets	sets Total Liabilities			Net Worth			
3. Additional Financial Resource(s) (Financial Institution or Letter of Credit) A letter of guantee by a parent corporation. If additional financial resources are used within your Financial Statement above, indicate in the "Yes" column below. Provide copy of bank letter confirming credit line or LOC, parent corporation letter of guarantee or other appropriate doumentation. See attached "General Statement of Bank Credit."							
Source	Dollar	Amount	Termina	tion Date	Additional Resou	rces	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
financial data required by the questionnaire an independent certified public accountant of retained earnings, supporting schedules	A contractor applying for prequalification certification to perform work in excess of \$10,000,000 shall provide, in addition to the financial data required by the questionnaire, a copy of its audited financial statement for the previous three years as audited by an independent certified public accountant which shall include comparative balance sheets and income statements, a statement of retained earnings, supporting schedules and notes attached thereto, and the opinion of the independent auditor. The financial statement shall not be more than 12 months old when submitted. Additional or alternate financial data may be required for new vessel						
1. The firm certifies that its net worth has no	ot substantially o	changed from th	nat sum shown	above in the Fir	nancial Statement.		
2. The prequalified firm is able to post the deposit (cash, certified check, proposal bond) (5% of amount of bid)) required by RCW 47.28.090 and secure a bond (or approved alternate security for vessel contracts) as required by RCW 39.08 for any project for which it has submitted a bid and is successful low bidder.							
3. This firm's largest bonded, successfully completed project within the last five (5) years was:							
The firm's bond for that project was:	Date t	Date that project was completed:					
Name of Firm (As registered with the Wash	Name of Firm (As registered with the Washington State Dept. of Licensing)						
By (Authorized Signature):			Title:				

2. Condition at Close of Business (Date)

### **Authorized Signatures**

List the names and titles of those individuals in your organization who are authorized to execute proposals, contracts, bonds, and other documents and/or instruments on behalf of the organization. Specify if more than one signature is required.

By:Print Name	By:Print Name
Signature:	Signature:
Title:	Title:
Date:	Date:
By:Print Name	By:Print Name
Signature:	Signature:
Title:	Title:
Date:	Date:
By:Print Name	
Signature:	
Title:	
Date:	

### **Execution of the Affidavit**

Individual Signature of the individual in the firm name under which business is conducted.

**Partnership** The signature of all partners, general and limited under the firm name, or the signature of their attorney in fact.

**Corporation** The signature of the authorized officer(s) of the corporation with corporate seal affixed.

Limited Liability Company (LLC)

The signature of all members, or the signature of their attorney in fact.

Joint Venture Signatures of an authorized representative of each party to the joint venture. Corporate members of a joint

venture shall also affix their corporate seal. (See instructions)

### **Affidavit**

The undersigned, being duly sworn, deposes and says that the foregoing is a true statement of facts concerning the individual, corporation, co-partnership or joint venture herein named, as of the date indicated, that the financial statement taken from the books of said firm as individual is a true and accurate statement of the financial condition of said firm or individuals as of the date thereof; that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the Washington State Transportation Commission to award the said firm or individual a contract; and that any depository, vendor, or other agency herein named is hereby authorized to supply the Washington State Transportation Commission or its agent with any information to verify this statement.

Type of Organiz	ation						
Individual	Co-Partnership	Joint Venture	Corporation Limit	ed Liability Company (LLC)			
Name of Firm (A	As registered with Wa	WA State Reg. No. (Not required for prequalification)					
Authorized Sign				Authorized Signature			
Authorized Signature Authorized Signature							
			day of	,			
		residing at					
Corporate Seal				Notary Seal			
Statement Prepa	ared By		Title	Date			

Corporation		Partnership, Limited Liability Company or Joint Venture		
If your agency is a corporation, complete the following:		If your agency is a partne venture, complete the foll	•	company or joint
Date Incorporated (Month/Year)	In What State?	Date of Organization/For	mation	
President's Name		Status		
		General Status	Individual	Continuing
Vice President's Name		Limited	Association	
		Is there any limitation on duration of Partnership, Limited		
Secretary's Name		Liability Company or Join If "Yes", Explain:	t Venture? Yes	No
Treasurer's Name				
If Out-of-State Corporation, have you complied with Washington's Corporation Laws?		If out-of-state Limited Liability Company, have you complied with Washington's laws regarding Limited Liability Companies?		
Yes	No		Yes	No
Are cornered minutes 11.C agreement or igint venture agreement outberizing proguelification attached?				

Are corporate minutes, LLC agreement or joint venture agreement authorizing prequalification attached?

Yes No

**Other Organization Affiliation:** List those persons within your organization that have a business affiliation in any other organization involved in construction-oriented projects as contractor, subcontractor, supplier, or consultant.

Name of Individual	Name and Location of Other Organization

### **Non-Collusion**

In order for your application for Prequalification to be considered, it is necessary to furnish the following information:

1.	Has your firm ever been indicted, pled guilty, pled nolo contendere (no contest), or been convicted of any offense that has resulted in your firm being barred from being or performing work for any State, Local, or Federal Government? If "Yes", attach a separate sheet(s) to this form giving the details involved, the names of the individuals, and their current employment status with your firm.	Yes	No
2.	Has any officer, employee, or other member of your firm ever been indicted, pled guilty, pled nolo contendere, or been convicted of any illegal restraints of trade, including collusive bidding? If "Yes", attach a separate sheet(s) to this form giving the details involved, the names of the individuals, and their current employment status with your firm.	Yes	No
3.	Has your firm or any officer, employee, or member of your firm ever been debarred for violation of various Public Constraint Acts incorporating Labor Standards Provision? If "Yes", attach a separate sheet(s) to this form giving the details involved.	Yes	No
4.	Is your firm under the protection of the bankruptcy court, has pending any petition in bankruptcy court, or have you made an assignment for the benefit of creditors?	Yes	No

# General Statement of Bank Credit (Optional)

	(Optional)
(Date)	
Washington State Ferries	
Contracts and Legal Services Department	
2901 Third Avenue, Ste 500	
Seattle, WA 98121-3014	
In connection with the prequalification of :	
(Cor	ntractor) ,
a contractor seeking prequalification under RCW 47.60.680 throu with the Washington State Department of Transportation Ferries I contractor has been extended a line of credit in a total amount no without notice to the Department of Transportation Ferries Division	Division dba Wasington State Ferries, we hereby declare that said to exceeding and that such credit will not be withdrawn or reduced
This letter is signed with the understanding that it is a document t Transportation Ferries Division, only for the purpose of determining performing work under contracts which may be awarded to it by the	ng the financial resources of said contractor available for use in
This General Statement of Bank Credit supersedes and replaces been filed with the current Standard Prequalification Questionnair	any Statement of Bank Credit from the same Bank which may have re and Financial Statement.
	(Name of Bank)
	(Address)
(Seal)	D.
Places Note: The shows form may be used to sugment your	Ву
<b>Please Note:</b> The above form may be used to augment your maximum bidding capacity and should be completed by your bank, and notorized.	Title
(Contractor)	