TO: City of Mequon Engineering Department 11333 N Cedarburg Road Mequon, WI 53092 Engineering@ci.mequon.wi.us

RE: Submission of Prequalification Form for the Year_____

City Staff,

Submitted herewith please find our statement for your consideration in determining whether our firm is qualified and capable to bid, perform and furnish the necessary labor, materials and skill on the basis of our work record, experience, equipment and staff as required to enter upon and complete those various types of projects indicated below as may be awarded by the Municipality during the current calendar year.

It is understood that the determinations and decisions of the Municipality with regard to qualifications shall be final; and further, that the information herein will be considered confidential. A finding of "qualified" for one project does not bind the Municipality on other projects, and that the Municipality expressly reserves the right to review and reverse its finds on later projects.

Sincerely yours,

Officer

Firm

PREQUALIFICATION STATEMENT

To:

There is submitted herewith for your consideration, pursuant to Sec. 66.29 Wisconsin State Statues, a statement of qualifications of the undersigned to furnish the necessary labor, materials, and skills required to enter upon and complete public work contracts to be let by the municipality through its several departments.

A.	Official Firm Name	
В.	Telephone Fax	x No E-Mail
C.	Address	
		(Street)
D.	(City) Number of years in business under	(State) (Zip Code) r present firm name
E.	Class of work in which firm is seel	king qualification
F.	Please check (1), (2) or (3):	
	(1) A Corporation (2) A	A Co-Partnership (3) An Individual
		(5) / in individual
G.	Principal Individuals	
G.		(If a Co-Partnership answer below)
G.	Principal Individuals	
G.	Principal Individuals (If a Corporation answer below) President	(If a Co-Partnership answer below)
G.	Principal Individuals (If a Corporation answer below)	(If a Co-Partnership answer below) Name of Partner
G.	Principal Individuals (If a Corporation answer below) President Vice Pres	(If a Co-Partnership answer below) Name of Partner Name of Partner
	Principal Individuals (If a Corporation answer below) President Vice Pres Secretary	(If a Co-Partnership answer below) Name of Partner Name of Partner (If a Sole Trader answer below)
	Principal Individuals (If a Corporation answer below) President Vice Pres Secretary Treasurer If a Corporation answer below:	(If a Co-Partnership answer below) Name of Partner Name of Partner (If a Sole Trader answer below)
	Principal Individuals (If a Corporation answer below) President Vice Pres Secretary Treasurer If a Corporation answer below:	(If a Co-Partnership answer below) Name of Partner Name of Partner (If a Sole Trader answer below) Name of Sole Trader sconsin (month and year)

Year	Class of Work	Contract Amount	Location of Work	For Whom Performed Name and Mailing Address

B. Tabulation of construction experience of principal individuals in organization.

Individual's Name	Present Position or Office	Years of Experience	Class of Work

Average number of employees during the last 12 months:

Office	Skilled

Unskilled _____

3. EQUIPMENT

A. List below major pieces of equipment owned and available when needed for proposed work:

	T.	Description, Size	Condition	V CO
Quantity	Item	Capacity, Etc.	(Good or Fair)	Years of Service

4. CONTRACTUAL RESPONSIBILITY

(1) Date

A. Has firm ever failed in the past ten years to complete on time work awarded to it?

If so, state:

(2) Owner_____

(3) Owner's Mailing Address______ (At that time, or now – preferably now if there is a difference.)

(4) Full particulars in each instance:

B. Has any officer or partner of firm ever failed in the past ten years to complete on time a construction contract handled in his own name?

If so, state: (1) Date	(2) Name of Officer or Partner
(3) Owner	
(4) Owner's Mailing A (At that time, or not	ddressw – preferably now if there is a difference.)

(5) Full particulars in each instance:

C. Has any officer or partner of firm ever been an officer or partner of some other organization during the past ten years that failed to complete a construction contract on time?

	If so, state: (1) Date	_ (2) Name of Officer or Partner
		ng Address of Organization
	(4) Name and Maili	ng Address of Owner
		now – preferably now if there is a difference.) n each instance:
D.	Has firm asked to be past 10 years? If so (1) Date	
	 (3) Owner's Mailin (At that time, o (4) Full particulars 	g Address r now – preferably now if there is a difference.) in each instance:
E.	Has firm ever been c (1) Date (3) Claimant's Mai	
	(At that time, or	now – preferably now if there is a difference.) in each instance:
	DING RESPONSIB (1) Names and addr	<u>ILITY</u> esses of bonding companies which generally execute bid and surety bonds:
	have written bio	resses of all bonding companies other than those listed in A (1) above which and surety bonds during the last five years:
B.		mpany ever taken over a contract, or made any payments, because of firm's failure to
	If so, state: (1) Date	(2) Name of Bonding Company
	(3) Bonding Comp (At that time, o	any's Mailing Address r now – preferably now if there is a difference.)
		in each instance:

6. CONTRACTOR'S FINANCIAL STATEMENT

- A. Itemize your current assets as of latest balance sheet date. Give date.
- B. Itemize your current liabilities as of latest balance sheet date. Give date.
- C. Who prepared such balance sheet? ____

D. Are any of your assets assigned – if so, which are assigned?

For what purpose are they assigned?_____

7. <u>DATA</u>

- A. Are you familiar with the provisions of the form of contract used by this municipality?
- B. With its terms and conditions?
- C. With its specifications?
- D. With the regulations of the municipality relating to bidding and awarding of contracts?

8. AFFIDAVIT

STATE OF)) ss. COUNTY)

being duly sworn, deposes and says that he is the

of the above ______ and that the answers to the foregoing questions and all statements therein contained are true and correct, and that any owner, bonding company, or other agency, herein named is hereby authorized to supply the municipality with any information deemed necessary to verify this statement.

Subscribed and sworn to before me this _	day of	 ,	
My commission expires			

	Notary Public			
FILED ORIGINALLY WITH				
Departme	nt	Date		
PREQUALIFIED BY	DATE			
CLASS OF WORK	DESCRIPTION OF JOB			
LOCATION OF JOB	DEPARTMENT			
APPROVED AS QUALIFIED	DATE			

CLERK