

By using this form you are agreeing to our terms of use. Please read:

Show name exac	tly as it will appear	on bidding proposals.

Federal Taxpayer Identification Number
Contractor name
Doing Business As (if applicable)
Business address
Mailing address
Phone number
Fax number
E-mail
Contact person

# General Information and Instructions for Preparing Contractor's Prequalification Statement

### 1. General requirements

Contractors desiring to bid on highway construction projects over \$250,000 must be prequalified by the Department in order to be eligible to submit bids, except when this provision is specifically waived by the contract provisions.

a. Application to prequalify for bidding is made by completing form DOT-144, "Contractor's Prequalification Statement," and submitting one copy to:

Classification and Rating Committee Division of Finance and Management South Dakota Department of Transportation 700 E. Broadway Ave. Pierre SD 57501-2586

The applicant may submit the STATEMENT on a self-generated form that conforms in all respects with DOT-144 as to form and content.

A copy may be scanned and e-mailed to: **DOTPrequal@state.sd.us** 

- b. The STATEMENT must be received by the Classification and Rating Committee at least 14 calendar days before the opening of the prospective bidder's bid, unless a shorter time frame is approved by the committee. Upon approval of the STATEMENT, prequalification will be in force for a specified period, as detailed in paragraphs 5a and 5b. The Department may grant an extension, not exceeding 60 days, when requested for valid reasons.
- c. All numbers should be shown in whole dollar amounts.

### 2. Details of organization and experience

All questions on pages 4-6 of the STATEMENT must be answered. Separate schedules may be attached, provided all required information is included. Attachments must be provided on letter-size paper.

### 3. Work classifications

On page 7 of the STATEMENT, the applicant shall check the type(s) of work for which prequalification is sought. Only apply for the work classifications that you actually will be doing; do not check all of the numbers.

### 4. Equipment ownership

On page 8 of the STATEMENT, list construction equipment owned by applicant. The list must include item description, age or purchase date, purchase price, annual depreciation, total accumulated depreciation and book value. Book value is defined as the purchase price minus total accumulated depreciation. A separate schedule may be attached, provided all required information has been included. Construction equipment must be clearly segregated on the schedule from other types of fixed assets.

### 5. Financial statement

The applicant for prequalification must choose to furnish financial details in accordance with either paragraph a or b as described below:

### a. Certification of surety

The applicant may furnish a certified statement from a bonding firm authorized to do business in the state of South Dakota. The certification shall indicate the maximum bonding coverage the surety will issue on the applicant's behalf for a single contract, and shall also specify the total bonding that the surety will issue for all of the applicant's work, including uncompleted contracts. A sample Certification of Surety is included on page 11 of this form. The actual certification shall conform in all respects to the sample as to form and content. Under this option, the applicant shall also complete the Contractor's Statement of Financial Position on page 9. Prequalification under this option will expire according to the expiration date as shown on the prospective bidder's surety bond, or upon expiration or rescission of the Certification of Surety. Written notice to the Department of any rescission must be provided in accordance with ARSD 70:07:02:10.

### b. Contractor's Statement of Financial Position

The applicant may submit a separate statement of financial position audited by an independent certified public accountant or public accountant licensed to practice in South Dakota. The opinion page of the audited statement shall include the audit firm's name, address, telephone number, original signature or electronic signature of a member of the firm, and license or certificate number of the signer. Under this option, prequalification will expire 18 months from the date of the audited statement of financial position.

### 6. Affidavit

The affidavit on page 10 of the STATEMENT must be signed and notarized. Corporations must affix their corporate seal or indicate "NO SEAL" on the form.

### 7. Maximum Bidding Capacity

The Department will rate the applicant for prequalification on the basis of the information supplied, and will notify the applicant in writing of the action taken. The notification will designate the types of work the applicant is prequalified to bid, and the maximum bidding capacity assigned to the applicant. Maximum bidding capacity will be determined as follows:

### a. Certification of Surety

When a Certification of Surety is furnished in accordance with paragraph 5a above, the maximum bidding capacity will conform to the bonding limitations established by the surety on the contractor's behalf.

### b. Contractor's Statement of Financial Position

When the applicant furnishes an audited statement of financial position in accordance with paragraph 5b above, the maximum bidding capacity will be established by multiplying the total of current assets less current liabilities plus eighty (80) percent of the net book value of construction equipment by a factor of ten, rounded to the nearest one thousand dollars (\$1,000). Under this option, a bank line of credit may be considered by the Department to increase maximum bidding capacity. The line of credit must be stated on form DOT-144A and furnished in original form.

The Department may reduce or revoke the contractor's prequalification rating, based on the contractor's performance record with regard to quality of work, timely completion, payment of claims, disbarment by other agencies or other pertinent factors.

# **Business address** Individual If a corporation, LLC, PLLC, LLP, PLLP, or limited partnership, complete this block: Year incorporated In which state President/managing partner Vice president/general partner Secretary/general partner Treasurer/general partner If a partnership or individually owned business, complete this block: Date of organization Partner names and addresses

Page 4 of 11

Applicant is a:

Corporation Partnership

DOT-144 Revised 9/2023

**Details of Organization and Experience** 

Contractor name

Contractor's Prequalification Statement

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

- 1. Does your firm qualify as a Disadvantaged Business Enterprise (DBE)?
  - If yes, are you presently certified as a DBE in South Dakota?

In other states?

Please list

- 2. How many years' experience in construction work has your firm had as a contractor or as a subcontractor?
  In what types of work?
- 3. Have you or your organization, or any officers or partners thereof, failed to complete any work awarded to it?
  - If yes, describe details on attachment.
- 4. Have you or your organization, or any officers or partners thereof, been barred from bidding by any state or federal agency within the last 10 years?
  - If yes, give name of agency, duration and details of disbarment on an attachment.
- 5. If you have a financial interest in any other contracting firms presently prequalified with the Department, list firm names:
- 6. What is the construction experience of your organization, including project supervisory personnel, e.g., superintendent/foreman?

Individual name

Current job title

Work type as described on p. 7—years' experience

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

7. List all projects **your organization** completed in the past five years and any additional projects necessary to demonstrate experience for work classifications being requested, but not supported by projects completed in the last five years. For each project listed, check the work type corresponding to the work actually done by **your organization's own forces.** 

Year	Class	ses c	of wo	ork													Value of work	Location
	(Chec			perfo f clas			your	orga	aniza	ation	's fo	rces.	See	p. 7	for			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
Project Descript	ion																	
Owner name																		
Address																		
Phone																		
Engineer in chai	ge															Phone		

Year	Class	ses o	f wc	ork													Value of work	Location
	(Chec					by '	your	orga	aniza	ation	's fo	rces	. See	p. 7	for			
	descr 1		n of	class	es.)	6	7	8	0	10	11	12	12	1.1	15	16		
		2	3	4	5	0	,	٥	9	10	11	12	13	14	13	10		
Project Descript	ion																	
Owner name																		
Address																		
Phone																		
Engineer in char	ge																	
																Phone		

Duplicate this sheet as necessary. A computer-generated form may be used, provided all requested information is provided.

Check			Committee use only			
classification requested *	Woı	k type classifications		Approved cla	ssification	
				Previous	Current	
	1.	Major grading				
	2.	Minor grading				
	3.	Portland cement concrete pav	_			
	4.	Portland cement concrete rep				
	_	(including spall repair, joint repair, and				
	5.	Asphalt concrete paving and n	<del>-</del>			
	6.	Asphalt surface treatment and	asphait crack sealing		_	
	7.	New bridge construction				
	8.	Bridge rehabilitation (including deck overlays, fatigue retroretrofit)	fit, steel and concrete repair, and rail			
	9.	Minor structure construction				
		(including cast in place box culverts, p mechanically stabilized earth large parts)	_			
	10.	Lighting and signals				
	11.	Signing, delineation and paver	ment marking			
	12.	Underground and utilities (including storm sewer, sanitary sewe precast box culvert)	r, waterline, drainage pipe, and			
	13.	Incidental construction	crossings, mechanically stabilized earth surfacing, base course, landscaping,			
	14.	Miscellaneous concrete constr (including sidewalk, bike path, multiuse				
	15.	Bridge painting	, , , , , , , , , , , , , , , , , , , ,			
		= : =	t and bridge deck polymer chip			
	sificati	e listed to demonstrate ability in ion and Rating Committee	n response to page 6 question 7.			
Certification of s	surety	Comi	mittee approval			
Audited financia	ıl state	ment			Date	
Line of credit \$	_				Data	
Maximum capacity \$					Date	

Date

Date

Per contract \$
Expiration date

## **Construction Equipment Ownership**

List construction equipment owned by your firm. A separate schedule may be attached.

Quantity	Property description	Age of	Purchase	Annual	Total accumulated annual	Book value
		items	price	depreciation	depreciation	

### **Contractor's Statement of Financial Position**

Complete this form only if you do not submit an audited statement of financial position.

Name

Condition at close of business (date)

### **Assets**

### **Current assets**

- 1. Cash and cash equivalents
- 2. Notes receivable
- 3. Accounts receivable
- 4. Costs and estimated earnings in excess of billings on uncompleted contracts
- 5. Inventories
- Other current assets (list)

### **Total current assets**

- 7. Fixed assets—net
- 8. Other non-current assets (list)

### **Total assets**

### **Liabilities and Owner's Equity**

### **Current Liabilities**

- 9. Current portion long-term debt
- 10. Accounts payable
- 11. Accrued expenses
- 12. Billings in excess of cost and estimated earnings on uncompleted contracts
- 13. Other current liabilities (list)

### **Total current liabilities**

- 14. Notes payable
- 15. Other non-current liabilities (list)
- 16. Owner's equity

Total liabilities and owner's equity

Affidavit (Notarized)

State of		
County of		
The undersigned, being duly sworn, hereby declare Contractor's Prequalification Statement are true; the condition of the individual firm, partnership or corp	hat the financial statement accurately	reflects the financial
It is understood that this statement is for the expre contract by the South Dakota Department of Trans  named is hereby authorized to supply the Departm	portation; and that any depository, ve	endor or other agency herein
Subscribed and sworn to before me this		
day of (month) (year)	Name of firm	n
(month) (year)	By*	Title
Notary Public		
My commission expires		
,		

For a partnership, the affidavit is to be signed by all partners and notarized.

For a corporation, LLC, PLLC, LLP, PLLP, or Limited Partnership, the affidavit is to be signed by an authorized official and notarized. Corporations must affix their corporate seal or indicate "No Seal."

<sup>\*</sup>For an individual business, the affidavit is to be signed by the owner and notarized.

# Sample Certification of Surety

be pri	nted on agency letterhead Date
-	Division of Finance and Management S.D. Department of Transportation 700 E. Broadway Ave. Pierre, SD 57501
	Terre, 3D 37301
. (	Contractor name
	City/state
llowing	authorized to execute bid, performance and payment bonds for the above contractor subject to the g conditions:
1.	Contract price of any one contract does not exceed  \$
2.	Total amount of uncompleted bonded work on hand, including the contract under consideration, does not exceed \$
3.	This work authority expires/, unless rescinded in writing. Written notice of rescission will be provided to the above addressee within seven (7) days of such rescission.
ency r	name By
	(Authorized agency representative)