



\_\_\_\_\_, 20\_\_\_\_

TO: Director of Public Works  
Cudahy Municipal Building  
5050 South Lake Drive, P.O. Box 100510  
Cudahy, WI 53110

RE: SUBMISSION OF PREQUALIFICATION FORMS FOR THE YEAR 20\_\_\_\_\_

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 and not open to public record**. A finding of "qualified" for one (1) project does not bind the Municipality on other projects, and that the Municipality expressly reserve the right to review and reverse its finding on later projects.

Sincerely Yours,

\_\_\_\_\_  
Officer (sign)

\_\_\_\_\_  
(print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

PREQUALIFICATION STATEMENT

**1. IDENTIFICATION**

A. Official Firm Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

B. Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

C. Number of years in businesses under present firm name \_\_\_\_\_

D. Class of work in which firm is seeking qualification \_\_\_\_\_

E. Contractor's General Business Information

Corporation       Co-Partnership       Joint Venture       Sole Proprietorship

F. Principle Individuals:

(If a corporation answer below:)

(If a Co-Partnership answer below:)

President \_\_\_\_\_

Name of Partner \_\_\_\_\_

Vice Pres. \_\_\_\_\_

Name of Partner \_\_\_\_\_

Secretary \_\_\_\_\_

(If a sole proprietorship answer below:)

Treasurer \_\_\_\_\_

Name of Sole Proprietorship \_\_\_\_\_

If a corporation answer below:

a. Licensed to do business in Wisconsin \_\_\_\_\_ 20 \_\_\_\_\_

b. When Incorporated \_\_\_\_\_ In What State \_\_\_\_\_

If partnership:

a. Date and State of Organization

\_\_\_\_\_  
\_\_\_\_\_

b. Names of Current General Partners

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c. Type of Partnership

General                       Publicly Traded                       Limited

Other (describe): \_\_\_\_\_

If Joint Venture:

a. Date and State of Organization

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b. Name, Address and Form of Organization of Joint Venture Partners:  
(Indicate managing partner by an asterisk\*)

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If Sole Proprietorship:

a. Date and State of Organization

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b. Name and Address of Owner or Owners

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## **2. Experience & Equipment**

Describe general types of work performed by your own work force

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1. On Schedule A, attached, list Individuals and experience.
2. On Schedule B, attached, list equipment
3. On Schedule C, attached, list major engineered construction projects completed by this organization in the past five (5) years. (If joint venture, list each participant's projects separately).

4. On Schedule D, attached, list current projects under construction by this organization. (If joint venture, list each participant's projects separately).

**3. Contractual Responsibility**

- A. Has firm ever failed in the past five (5) years to complete on time work awarded to it?  
Y/N

If Yes, State

1. Date \_\_\_\_\_

2. Describe Circumstances:

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- B. Has any officer or partner of firm ever failed in the past five (5) years to complete on time a construction contract handled in his own name? \_\_\_\_\_

If so, state:

1. Name of Officer or Partner \_\_\_\_\_

2. Owner's Mailing Address \_\_\_\_\_

3. Describe Circumstances

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- C. Has any officer or partner of firm ever been an officer or partner of some other organization during the past five (5) years that failed to complete on time a construction contract? Y/N

If yes, state:

1. Date \_\_\_\_\_

2. Name of Officer or Partner \_\_\_\_\_

3. Name of Organization \_\_\_\_\_

4. Describe Circumstances

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- D. Has firm asked to be relieved from a bid submitted by it to a public awarding authority during the past five (5) years? \_\_\_\_\_

If so, state:

1. Date \_\_\_\_\_
2. Owner \_\_\_\_\_
3. Describe Circumstances

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E. Has firm ever been charged with or convicted of a violation of any wage schedule? \_\_\_\_\_

If so, state:

1. Date \_\_\_\_\_
2. Describe Circumstances

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**4. Bonding Responsibility**

A. (1) Names and addresses of bonding companies which generally execute bid and surety bonds:

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(2) Names and addresses of all bonding companies other than those listed in A(1) above which written bid and surety bonds during the last five years:

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B. Has any bonding company ever taken over a contract, or made any payments, because of firm's failure to carry out a contract? \_\_\_\_\_

If so, state:

1. Date \_\_\_\_\_
2. Name Bonding Co. \_\_\_\_\_
3. Bonding Company's Mailing Address \_\_\_\_\_

4. Full particulars in each instance

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1. What is your approximate total bonding capacity?

\$500,000 to \$2,000,000

\$2,000,000 to \$5,000,000

\$5,000,000 to \$10,000,000

\$10,000,000 or more

2. Describe the permanent safety program you maintain within your organization. Use attachment if necessary.

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**5. Contractor's Financial Statement**

A. Attach balance sheet listing current assets and liabilities. Give Date

B. Who prepared such balance sheet? \_\_\_\_\_

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

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For what purpose are they assigned? \_\_\_\_\_

**6. Affidavit**

I hereby certify that the information submitted herewith, including any attachment is true to the best of my knowledge and belief.

Name of Organization: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date Commission Expire

[Affix Seal Here]