

STATE OF VERMONT
 AGENCY OF TRANSPORTATION
 Telephone: (802) 828-2643
 Fax: (802) 828-5545

_____, 20____
 email to: jon.winter@vermont.gov

STANDARD FORM - REQUEST FOR CONTRACT SPECIFIC PREQUALIFICATION (2 pages)

ONLY SUBMIT THIS FORM TO BE CONSIDERED TO BID ON AN ADVERTISED CONTRACT

To access plans and specifications (at no cost):

Go to <http://vtranscontracts.vermont.gov/construction-contracting/advertised-projects>; scroll to the contract; click on the "Request for Plans" button; complete the "FTP Account Request" form; and, click on the "Submit" button.

To be considered to bid on an advertised contract: All prospective bidders (i.e., prime contractors with current annual Prequalification) must complete and submit this Request for Contract Specific Prequalification form. **Deadline for submission of the CA-82 form per Section 5.02 of the Vermont Agency of Transportation Policies and Procedures on Prequalification, Bidding, and Award of Contracts is 12:00 noon of the 7th working day prior to the bid opening (normally Wednesday of the week prior to a Friday opening.)** Bidders must complete the "STATUS OF WORK UNDER CONTRACT" section, below. Attach separate sheets as necessary. An authorized representative of the company must sign this form*.

Contract Specific Prequalification requested for project(s):

Committee/Administrator action

1)	
2)	
3)	

STATUS OF WORK UNDER CONTRACT (As of Date of Request)

Name & No. of Contract	State	Date of Award	Amount of Contract	Percent Completed	Payment Received to Date	Completion Date

I hereby certify that the foregoing is a true and complete statement of **all work under contract** (or expected to be under contract) or otherwise being prosecuted, whether public **or** private, inside **or** outside of the state of Vermont, as of the date of this request. I further agree to accept the terms and conditions of the revision to the Vermont Agency of Transportation Policies and Procedures on Prequalification, Bidding, and Award of Contracts current as of the date of this Request:

http://vtranscontracts.vermont.gov/sites/aot_contract_administration/files/documents/PregualPolicie%26Procedures.pdf

 Company Address Telephone

 Print Name/Signature* Title/Position Fax

*Form must be signed by individual authorized to sign on the bidder's behalf.

DO NOT WRITE IN THIS SPACE – AGENCY USE ONLY		
	No. of Contracts	MDCR
Rating		
Uncompleted Work		
Available		
Approved	Date	<input type="checkbox"/> By Committee <input type="checkbox"/> By Administrator

DO NOT WRITE IN THIS SPACE – AGENCY USE ONLY	
SUBJECT TO PREQUALIFICATION	<input type="checkbox"/>
<i>CONTRACT BY CONTRACT</i>	<input type="checkbox"/>
<i>MAXIMUM DOLLAR CAPACITY RATING</i>	<input type="checkbox"/>
<i>NUMBER OF CONTRACTS RATING</i>	<input type="checkbox"/>
<i>NO CATEGORY</i>	<input type="checkbox"/>
<i>OTHER</i>	<input type="checkbox"/>

WORKERS' COMPENSATION; STATE CONTRACTS COMPLIANCE REQUIREMENT

Self Reporting

This portion of the form must be completed in its entirety.

The Vermont Agency of Transportation, in accordance with Section 32 of Act 54 (2009), as amended by Section 17 of Act 142 (2010) and further amended by Section 6 of Act 50 (2011), and for total projects costs exceeding \$250,000.00, requires bidders comply with the following provisions and requirements.

Bidder is required to self report the following information relating to past violations, convictions, suspensions, and any other information related to past performance and likely compliance with proper coding and classification of employees. The Agency of Transportation is requiring information on any incidents that occurred in the previous 12 months. Attach additional pages as necessary. **If not applicable, so state.**

Summary of Detailed Information	Date of Notification	Outcome

WORKERS' COMPENSATION STATE CONTRACTS COMPLIANCE REQUIREMENT: Bidder hereby certifies that the company/individual is in compliance with the requirements as detailed in Section 32 of Act 54 (2009), as amended by Section 17 of Act 142 (2010) and further amended by Section 6 of Act 50 (2011).

Date: _____

Project(s) requested: _____

Name of Company: _____

Contact Name: _____

Address: _____

Title: _____

Phone Number: _____

E-mail: _____

Fax Number: _____

By: _____

Name: _____

Signature
(Request/Report Not Valid Unless Signed)*

(Type or Print)

***Form must be signed by individual authorized to sign on the bidder's behalf.**

Updated 12/30/15

DO NOT WRITE IN THIS SPACE – AGENCY USE ONLY	
VDOL CHECKED RE: ACT 54 2009, AND AMENDMENTS	<input type="checkbox"/>