

**HIGHWAY CONTRACTORS
PREQUALIFICATION SUBMISSION GUIDE**

REQUIRED SUBMISSIONS

First Year

- ___ An **original** Form C38 (Current Index Rating Form) & **all** of the following:
 - ___ Safety Policy
 - ___ An **original** EMR Letter-EMR scores for the 6 most recent years
 - ___ OSHA 300 Logs & 300A Logs-Past 3 completed years
 - ___ OSHA/VOSH Citations-Copies of Official Reports
 - ___ VDOT Suspensions
- ___ Annual Financial Statement- Page 9 of Form C32 must be current & completed with the fiscal year ending within the past 12 months of application submittal
- ___ Form C42 (Current Prime Contracts on Hand)
- ___ Form C42A (Current Subcontracts on Hand)
- ___ Form C32 (Prequalification Application)-Includes Annual Gross Receipts Survey (page 10)
- ___ Form C47 (Request to Protect Materials Under the Virginia Freedom of Information Act)

Second Year

- ___ An **original** Form C38 (Current Index Rating Form) & **all** of the following:
 - ___ Safety Policy
 - ___ An **original** EMR Letter-EMR scores for the 6 most recent years
 - ___ OSHA 300 Logs & 300A logs
 - ___ OSHA/VOSH Citations
 - ___ VDOT Suspensions
- ___ Annual Financial Statement- Page 9 of Form C32 must be current & completed with the fiscal year ending within the past 12 months of application submittal
- ___ Form C42 (Current Prime Contracts on Hand)
- ___ Form C42A (Current Subcontracts on Hand)
- ___ Form C32A (Prequalification Renewal Application with Affidavit)
- ___ Annual Gross Receipts Survey (page 10 of Form C-32)
- ___ Form C47 (Request to Protect Materials Under the Virginia Freedom of Information Act)

The Prequalification Application is considered a legal document by both the Virginia and the Federal Courts. Prequalification applications have been, and may be summoned by the courts. Please prepare your documentation with the up most care so they can be successfully defended if they are ever legally questioned.

Please review your firm's Prequalification Application before it is submitted to prevent delays caused by having deficiencies that will need to be corrected.

**Request for Protection of Prequalification Materials
From Disclosure Under the
Virginia Freedom of Information Act**

Please read before completing this form:

The Virginia Public Procurement Act allows for the exemption of certain Prequalification information from public disclosure. A contractor must request the exemption in writing in order that information contained in the Prequalification application and financial statement be withheld from public view, under the Virginia Freedom of Information Act. This can be accomplished by completing this form. This form must indicate the legal name of the company, the items to be protected, and the reason why the exemption is being requested. (Please be specific) and state specifically why each item is exempt. The Virginia Court System has held that the contents of the entire file may not be protected. For example, just indicating "entire file" is to be exempt is not specific enough and will not protect your information from being disclosed. This request must be signed by an authorized officer of the company as authorized on page 2 of the Prequalification Application (Form C-32).

In submission of its Prequalification materials:

(Firms Full Legal Name as Registered with the SCC is required)

Hereby invokes the protection of Section 2.2-4342 of the Code of Virginia (Virginia Public Procurement Act), and request protection from public disclosure of certain ownership information.

The data or materials to be protected are:

The reasons why such protection is necessary are:

No protection of our prequalification submission is being requested. (Please check if applicable).

(SIGNATURE OF AN AUTHORIZED COMPANY OFFICER)

(DATE)

Vendor # _____

**VIRGINIA DEPARTMENT OF TRANSPORTATION
PREQUALIFICATION APPLICATION**

This application is to be completed in its entirety (no blanks, either none, unknown, or zero as applicable) by all firms desiring to work or bid on VDOT highway construction contracts.

GENERAL INFORMATION

1. Company's Full Legal Name (as registered with the SCC) _____

Street Address _____

City State Zip Code

Mailing Address (if different) _____

City State Zip Code

_____ () _____ ()
Federal Tax ID Number / DUNS Number * Telephone Number /ext # Fax Number

Confidential Info: Authorized Contact Person (person who is authorized on Page 2) and email address (email address will be kept **confidential**)

Website Info: Firm's Contact Person and email address to be listed on **VDOT website**

2. Firms Legal Status and History (please check one type of business entity)

- Corporation Limited Liability Company Sole Proprietorship
 Limited Partnership General Partnership Business Trust

Date this firm was established (M/D/YR) : _____

Has this organization transacted business under any other name? YES _____ NO _____

If yes, under what name(s) did the firm transact business? _____

3. What is the dollar value of the largest project the firm intends to bid? \$ _____

4. What is the total dollar value of work the firm can perform at any one time? \$ _____

5. Has the firm ever filed for bankruptcy? **Yes** _____ **No** _____ (If yes, please provide an explanation on a separate sheet)

6. Are all owners U.S. citizens? **Yes** _____ **No** _____ If not, please submit a photo copy of each owner's current INS Registration Cards (Form I-151 or I-551).

7. Ownership of Firm - Document all individuals owning **10%** or more of the firm.

-1- Full Legal Name of Owner (Person or Entity)	-2- Owner's Driver's License Number and State issued or Owner's Business entity tax id #	-3- Years of Ownership	-4- Ownership Percent	-5- Voting Percent (Corp. Only)

If additional space is needed, any page of this application may be copied and added for your convenience.

* The DUNS # is not required and is just for information only. The DUNS number is issued by [Dun & Bradstreet](http://www.dnb.com/) (D&B).
<http://www.dnb.com/>

This Application for internal Department use only. Information will not be used in the determination of a firm's prequalification level.

Vendor # _____

CONFIDENTIAL

Individuals Authorized to Transact Business with the Virginia Department of Transportation

Document all owners, officers, partners or individuals within your organization who in any way and/or to any extent are authorized to represent, transact business **or** sign legal documents and contracts on behalf of the firm with VDOT. In the event any of these individuals hold any office or has any interest in any other firm or firms, please state his/her affiliation or involvement within these firms.

The executed signature on future bid proposals and all other legal documents submitted to VDOT must be identical to the signature on this document. Different styles of an individual's signature may be placed on file. Two or more signatures are requested, but not required. No other individuals should attempt to represent, transact business or sign documents and contracts on behalf of the firm with VDOT.

Print Full Legal Name of Firm as Registered with the SCC

1. _____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm Signature for all VDOT documents

Are you involved in another firm? YES _____ NO _____

State/ Driver's License Number (**attach photo copy**)

Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

2. _____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm Signature for all VDOT documents

Are you involved in another firm? YES _____ NO _____

State/ Driver's License Number (**attach photo copy**)

Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

3. _____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm Signature for all VDOT documents

Are you involved in another firm? YES _____ NO _____

State/ Driver's License Number (**attach photo copy**)

Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

4. _____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm Signature for all VDOT documents

Are you involved in another firm? YES _____ NO _____

State/ Driver's License Number (**attach photo copy**)

Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

5. _____
Print full legal name (First, Middle & Last Name spelled out) Position Held in this firm Signature for all VDOT documents

Are you involved in another firm? YES _____ NO _____

State/ Driver's License Number (**attach photo copy**)

Name of Other Firm Position Held in Other Firm Financial Interest in Other Firm

Vendor # _____

FIRM TO FIRM RELATIONSHIPS - (All applicants must complete Item A or B)

A. Document all names and complete addresses of all affiliated, financially associated and subsidiary companies.

Affiliate – Any business entity that is closely associated to another business entity so that one entity controls or has the power to control the other entity directly or indirectly; or, where one business entity systematically shares resources, officers, and/or other management with another business entity to the extent that a business relationship legally exists or is publicly perceived to exist; or, when a third party has the power or controls both; or when one business entity has been so closely allied with another business entity through an established course of dealings, including but not limited to the lending or financial wherewithal, engaging in joint ventures, etc. as to cause a public perception that the two firms are one entity.

-1- Name of Affiliated Company	-2- Affiliated Firm's Address	-3- Federal Tax ID Number	-4- Affiliated Firm's Type of Work	-5- * Affiliated Firm's Relationship to The Applicant	-6- Affiliated Firm's % Interest in Applicant	-7- Applicants % Interest in Affiliated Firm	-8- VDOT Prequalified Y or N If Y indicate Vendor #

*Relationship between firms may be simply stated as: Grandparent, Parent, Brother/Sister or Child. If firms are related by common owners, or if an authorized individual listed on Page 2 of this application is involved with another firm, the other firm should be listed and the firm's relationship to the applicant should be stated as brother/sister firm(s).

A diagram (Flow Chart) may be submitted as an addition to this list to document the relationship between the firms.

OR

B. _____ **is not directly or indirectly related to any other business entity.**

(Name of Firm Seeking Prequalification as registered with the SCC)

Vendor # _____

IMMEDIATE FAMILY MEMBER BUSINESS RELATIONSHIPS (Please **complete this form** for **each individual owner of the firm listed on page 1** and **each individual authorized person** to transact business with the Virginia Department of Transportation **on page 2.**)

OWNER and/or **AUTHORIZED PERSON'S NAME** (*ONE PERSON PER PAGE*): _____

Do any of your immediate family members own or are involved with another VDOT prequalified contractor? For purposes of this section, "immediate family" includes one's spouse, mother, father, son, daughter, brother, sister, brother-in-law, sister-in-law.

YES ___ **NO** ___ if yes, please address the following for each relative:

-1- Relative's Name	-2- Relationship	-3- Company Name	-4- Position in Other Company	-5- Financial % in Other Firm

Sheet _____ of _____

Vendor # _____

FIRM'S FOCUS AREA OF HIGHWAY CONSTRUCTION

Please check the work classes that best describe the work performed by your firm's work force using your firm's equipment. Do not include the work performed by subcontractors. Please limit your selections to **10 work classes**.

- Grading (002)
 - Excavation (101)
 - Demolition of Building (015)
 - Demolition of Structures (080)
 - Clearing & Grubbing (011)
 - Tunneling (043)
 - Jacking & Boring of Pipe (024)
 - Micro Tunneling (176)
 - Roadside Development (033)
 - Landscaping (106)
 - Erosion Control (070)
 - Wetland Mitigation (063)
 - Soil Stabilization (036)
 - Underdrains (044)
 - Drilling & Blasting (058)
 - Dredging (017)
 - Major Structures (003) (spans greater than 30')
 - Erection & Fabrication Structural Materials (019)
 - Cathodic Protection (160)
 - Welding (083)
 - Post Tensioning (057)
 - Reinforcing Steel Placement (023)
 - Pile Driving & Caisson Foundation (030)
 - Shoring/Sheeting (082)
 - Waterproofing (042)
 - Bridge Repair (055)
 - Deck & Surface Repair (177)
 - Epoxy Work (071)
 - Pneumatically Applied Concrete (178)
 - Marine Construction (054)
 - Underwater Construction & Repair (081)
 - Underwater Utilities (051)
 - Marine Salvage (075)
 - Subsurface Investigation (076)
 - Tunnel Finishing (042)
 - Painting of Bridge & Structures (028)
 - Bridge Cleaning (182)
 - Minor Structure (007) (Spans Less than 30')
 - Drainage Structures (005)
 - Masonry Construction (056)
 - Guardrail (021)
 - Fencing (020)
 - Signing (035)
 - Portland Cement concrete (006)
 - Pavement (179)
 - Incidental Concrete (022)
 - Slip Forming (180)
 - Pneumatic Mortar (031)
 - Pavement Sawing & Grooving (049)
 - Joint Repair/Underseal Pavement (050)
 - Asphalt Pavement (004)
 - Surface Treatment (171)
 - Roadway Milling (013)
 - Slurry Seal of Pavement (068)
- Others**
- Utilities (045) (Water, gas, sanitary sewer, electrical, telephone, and cable)
 - Hazardous Waste Removal (133)
 - Railroad Construction & Repair (032)
 - Electrical Installation (018)
 - Roadway Lighting (072)
 - Traffic Signalization (052)
 - Traffic Management Systems
 - Variable Message Signing (165)
 - Temporary Traffic Management (078)
 - Pavement Markings (029)
 - Subcontractor Only (SCO) (186)

Vendor # _____

ANNUAL BALANCE SHEET

This page is required to be completed in its entirety (no blanks) by the firm applying

(Firms Full Legal Name as registered with the SCC)

For the Fiscal Year Ending _____
(Document the **month, the day & the year**)

ASSETS

Current Assets (1 year or less):

Cash & Bank Account _____
Accounts Receivable..... _____
Notes Receivable..... _____
Other Current Assets..... _____

Total Current Assets(1a) _____

Non-Current Assets (over 1 year):

Equipment..... _____
Real Estate/Land..... _____
Other Non-Current Assets..... _____

Total Non-Current Assets(1b) _____

TOTAL ASSETS (1a+1b).....(1c) _____

LIABILITIES

Current Liabilities (1 year or less)

Notes Payable..... _____
Leases Payable..... _____
Accounts Payable..... _____
Other Current Liabilities..... _____

Total Current Liabilities.....(2a) _____

Non-Current Liabilities (over 1 year):

Notes Payable – Long term..... _____
Notes Payable – Equipment..... _____
Other Non-Current Liabilities..... _____

Total Non-Current Liabilities(2b) _____

TOTAL LIABILITIES (2a+2b).....(2c) _____

Equity/Capital Stock (1c-2c).....(2d) _____

TOTAL LIABILITIES & EQUITY (2c+2d, must equal 1c)..... _____

AFFIDAVIT

I declare under the penalty of perjury that to the best of my knowledge that this annual balance sheet accurately reflects this company’s underlying financial state.

Printed Full Legal Name of Authorized Company Officer (on page 2 of Form C32) Signature (as shown on page 2 of Form C-32)

Sworn to before me this _____ day of _____, 20 _____

(Seal) _____
Notary Public

My Commission expires _____ Notary Registration Number _____

Vendor # _____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION

ANNUAL GROSS RECEIPTS SURVEY

THE FIRM IDENTIFIED BELOW ACKNOWLEDGES AND CERTIFIES THAT THIS PAGE ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

AUTHORIZED REPRESENTATIVE _____ **SIGNATURE** _____

TITLE _____

FIRM'S FULL LEGAL NAME _____ **VENDOR NO.** _____

FIRM'S ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

AGE OF FIRM _____ **FIRM'S STATUS: DBE** _____ **NON-DBE** _____

ANNUAL GROSS RECEIPTS FOR THE FIRM'S FISCAL YEAR ENDING (Year Only) _____

PLEASE CHECK THE APPROPRIATE BRACKET

<input type="checkbox"/> 0 - \$10,000	<input type="checkbox"/> \$35 Million - \$40 Million
<input type="checkbox"/> \$10,000 - \$25,000	<input type="checkbox"/> \$40 Million - \$45 Million
<input type="checkbox"/> \$25,000 - \$50,000	<input type="checkbox"/> \$45 Million - \$50 Million
<input type="checkbox"/> \$50,000 - \$100,000	<input type="checkbox"/> \$50 Million - \$55 Million
<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> \$55 Million - \$60 Million
<input type="checkbox"/> \$250,000 - \$500,000	<input type="checkbox"/> \$60 Million - \$65 Million
<input type="checkbox"/> \$500,000 - \$1 Million	<input type="checkbox"/> \$65 Million - \$70 Million
<input type="checkbox"/> \$1 Million - \$2 Million	<input type="checkbox"/> \$70 Million - \$75 Million
<input type="checkbox"/> \$2 Million - \$5 Million	<input type="checkbox"/> \$75 Million - \$80 Million
<input type="checkbox"/> \$5 Million - \$10 Million	<input type="checkbox"/> \$80 Million - \$85 Million
<input type="checkbox"/> \$10 Million - \$15 Million	<input type="checkbox"/> \$85 Million - \$90 Million
<input type="checkbox"/> \$15 Million - \$20 Million	<input type="checkbox"/> \$90 Million - \$95 Million
<input type="checkbox"/> \$20 Million - \$25 Million	<input type="checkbox"/> \$95 Million - \$100 Million
<input type="checkbox"/> \$25 Million - \$30 Million	<input type="checkbox"/> Over \$100 Million
<input type="checkbox"/> \$30 Million - \$35 Million	

COMMENTS: _____

Vendor # _____

AFFIDAVIT

This form must be signed by an authorized company officer and notarized.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF PREQUALIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

STATE OF _____ CITY/COUNTY OF _____

I, _____ (full *legal* name of authorized person printed), swear or affirm under penalty of law that I am _____ (title)

of applicant firm _____ (Firm's full *legal* name as registered with the SCC)

and that I have read and understand all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing prequalification approval by VDOT. I understand that VDOT may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial or the loss of our firm's prequalification privileges.

I agree to provide written notice to the Virginia Department of Transportation of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of prequalification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Printed **Full Legal Name** of Authorized Company Officer _____ Signature (as shown on page 2 of Form C-32) _____

Sworn to before me this _____ day of _____, 20____.

(Seal) _____
Notary Public

My Commission expires _____ . Notary Registration Number _____

Mail completed application to:

Virginia Department of Transportation/Prequalification Officer
1401 East Broad Street
Richmond, Virginia 23219

APPENDIX A

EXAMPLE INSURANCE CERTIFICATION LETTER FORMAT

***(DO NOT USE THIS PAGE. The EMR letter must be an originally signed letter from the Insurance Agent and on the Insurance Company's letterhead stationery)**

Date: _____

To: Virginia Department of Transportation
1401 East Broad Street
Richmond, Virginia 23219

Attention: Prequalification Office

RE:

(Highway Construction Company's Full *Legal* Name as Registered with the SCC)

(Address)

(City) (State) (Zip)

To Whom it may concern;:

This is to certify that our company insures the above referenced contractor and their Experience Modification Rate (EMR) for the most recent six (6) years is as follows:

YEAR	EMR	YEAR	EMR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By: _____
Print Authorized Insurance Representative's Name Title

Insurance Representatives's Signature

*If the firm is insured by the state, an equivalent letter from your home state's Bureau of Workers Compensation may be acceptable. Marine construction firms that are covered by the Longshore and Harbor Compensation Act (Jones Act) may submit a copy of the current "Certificate that Employer has secured Payment of Compensation" (Form LS-240).

Vendor # _____

VIRGINIA DEPARTMENT OF TRANSPORTATION PREQUALIFICATION RENEWAL APPLICATION

This application may be completed by currently prequalified firms preparing to begin their prequalification cycle after having completed a C-32 the previous year. The cycle will resume back to completing the C-32 the next year after a C-32A has been completed.

(Firms full legal name as registered with the SCC)

*(Firms contact mailing address to be listed on VDOT Website)

(City)

(State)

(Zip)

(Telephone Number)

(Fax Number)

(Contact Email Address to be listed on VDOT Website)

___ * Please check here if this is a change of the firm's contact information.

ALL RENEWAL APPLICANTS MUST COMPLETE

Has there been any significant changes in the following critical operational areas since the submission of your firm's last C-32 application? (If yes, please provide appropriate documentation on selected pages of a Form C-32 and/or explain the changes on a separate sheet of paper).

	UPDATE Current Business Changes:	YES	NO
1.	Any changes in Organizational Structure (Corporation, Limited Partnership, Limited Liability Company, Sole Proprietorship, General Partnership, Business Trust)?		
2.	Any change in Ownership Interest of 10% or more?		
3.	Any change in Authorized Individuals?		
4.	Any change in Firm to Firm relationships?		
5.	Any changes in the nature of the firm's work expertise?		
6.	Any gain, loss, or access to equipment that may negatively or positively impact the firm's ability to perform highway construction?		
7.	Has the firm been debarred, denied prequalification, or denied bidding privileges with another agency or any other DOT? If yes, attach a copy of the debarred/denial letter?		
	ATTACH the Following Documents:		
8.	Attached a complete original annual balance sheet (page 9 of C-32)		
9.	Attached the Status of current Prime Contracts on Hand (Form C-42)		
10.	Attached the Status of current Subcontracts on hand (Form C-42A)		
11.	Attached a Form C-38 (completely scored-no blanks)		
12.	Attached supplemental information for supporting firm's Safety History		
12A	Originally signed EMR Letter from Insurance Company		
12B	Last current completed year for OSHA 300 & 300A logs		
12C	OSHA Citation(s)		
12D	VDOT Suspension(s)		
13.	Attached an Annual Gross Receipts Survey (Page 10 of Form C-32)		
14	Attached Form C-47, Freedom of Information Act Protection		
15	Attached the C-32A (this form) & C32A Affidavit		

Vendor # _____

FORM C-42

STATUS OF CURRENT PRIME CONTRACTS ON HAND

Give full information about all of your contracts as a PRIME contractor whether in progress or awarded but not yet begun; or where you are low bidder pending formal award of contract. For Maintenance Contracts list in column 4 the balance completed to date. This information **cannot be older than 60 days**.

-1- OWNER	-2- CONTRACTS LOCATION & <i>DESCRIPTION</i> OF WORK PERFORMED	-3- CONTRACT AMOUNT	-4- BALANCE TO BE COMPLETED

Page ____ of ____

Total Chargeable Balance to be completed (Total of Column 4) = \$ _____

GRAND TOTAL OF ALL PAGES = \$ _____

In case of joint venture show only your share.

____ A I certify the above contract amounts are the true representation of all of the work this firm is responsible for as a PRIME contractor as of the date stated below.

Or

____ B I certify that this firm has no work underway as a PRIME contract and is responsible for no work as of the date stated below.

Company's Full Legal Name (as registered with the SCC) Signature of an Authorized Company Official (shown on page 2 of C-32) Date

Vendor # _____

FORM C-42A

STATUS OF CURRENT SUBCONTRACTS ON HAND

Give full information about all of your subcontracts as a **SUB CONTRACTOR** whether in progress and all signed subcontract agreements where the work has not yet begun. This information cannot be older than 60 days.

-1- OWNER	-2- PRIME CONTRACTOR	-3- CONTRACTS LOCATION & DESCRIPTION OF WORK PERFORMED	-4- SUBCONTRACT AMOUNT	-5- BALANCE TO BE COMPLETED

Page ___ of ___

Total Chargeable Balance to be completed (Total of Column 5) = \$ _____

GRAND TOTAL \$ _____

___ **A** I certify the above contract amounts are the true representation of all of the work this firm is responsible for as a SUB contractor as of the date stated below.

Or

___ **B** I certify that this firm has no work underway as a SUB CONTRACTOR and is responsible for no work as of the date stated below.

Company's Full Legal Name
 (as registered with the SCC)

Signature of an Authorized Company Official (shown on page 2 of C-32)

Date