EQUIPMENT & EXPERIENCE QUESTIONNAIRE | UPDATED 11/10/2021

### INSTRUCTIONS

### **Introductory Statement:**

In accordance with the statutes of the State of Oregon, every public contracting agency contemplating receiving bids for and awarding any contract for a public improvement may require any prospective bidder (herein refer to as applicant) to submit a full and complete statement concerning their equipment and experience in constructing public improvements. The City of Astoria adopted a mandatory prequalification process for bidding public improvement projects per Resolution No. 06-07, approved on March 6, 2006.

The application and questionnaire forms which are bound herewith comply with the requirements of public contracting rules and must be used in determining the qualifications of applicants and in assigning limits as to the size and kinds of projects for which the applicant may submit bids.

The applicant should use care and integrity in preparing this information. The City of Astoria may make independent inquiries concerning the contractor's past performance and/or capabilities. Additional documentation may be required by the public contracting agency.

### Manner of Preparing and Filling in Forms:

This application shall include equipment and experience information for only the specific single business organization or entity which is applying for prequalification and which would be the signatory on a contract with the public contracting agency.

All answers and other entries on the forms, except signatures, should be printed. To make this possible, a fillable PDF is available on the City of Astoria website. It shall be the responsibility of the applicant to return all pages whether applicable or not. Failure to do so may be grounds for rejection. All answers and entries shall be specific and complete in detail.

A new applicant prequalifying, a prequalified applicant who wishes to add a new class or classes or work in which they have not been previously prequalified, or an applicant whose company's prequalification has lapsed for longer than six months, must provide at least three references for each new Class of Work. Project(s) for references must have been completed within the prior five years. The Reference Form may be found at the end of this Prequalification Application.

An applicant must demonstrate that they possess an unexpired certificate, issued by the Oregon Department of Administrative Services in accordance with ORS 279A.167.

The prequalification application shall be signed by the applicant and sworn to as the form indicates. The signatory of the statement guarantees the truth and accuracy of all statements and of all answers to questions.

### **Use of Attachments:**

Schedules, reports and other forms of prequalification statements may be used as attachments to the prescribed form, provided that the information contained therein specifically includes the information required by this form.

### **Place of Submission:**

Prequalification applications and W-9 shall be submitted to:

City of Astoria City Engineer 1095 Duane Street Astoria, OR 97103

#### Time of Submission:

Applications for a specific project are generally required to be submitted at least seven (7) working days prior to the bid opening. Check bid requirements as this may vary.

Continued

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### Appeal Due to Denial, Disqualification, Revision or Revocation of Prequalification:

Per ORS 279B.125, ORS 279C.455, any applicant who wishes to appeal a decision shall, within three (3) business days after receipt of notice of disqualification, notify the Public Works Director, City Manager or City Council, acting as the local contract review board, that the applicant appeals the disqualification and demands a hearing.

#### **Notification of Action Taken:**

The applicant will be notified within thirty (30) days of receipt of prequalification application, in writing, of the action on their application. Applicant will then be allowed to bid on such projects as are within the limits of size and kind of work for which applicant has been declared qualified.

### Period During Which a Qualified Applicant Remains Qualified:

An applicant who has been notified of prequalification for projects of a given size and kind will remain qualified for a period of one (1) year from the date of the written notice of approval. The public contracting agency may limit prequalification approval to individual public improvement projects. Unless such applicant is otherwise notified by the public body, the applicant will be permitted to submit bids for any and all projects of said kind and size for which bids are to be received. The public body may from time to time require new or revised prequalification applications and have them approved prior to allowing a bid.

### **Requirement of Continuing Prequalification:**

Applicants who have once been qualified with an agency requiring prequalification and who desire to maintain an uninterrupted prequalification standing are required to submit a new application periodically. Applicants who are currently qualified may renew their prequalification by written request if the information and conditions provided with the application have not changed. Uninterrupted prequalification is contingent upon favorable action on the application. A prequalification may be revoked under the provisions of ORS 279C.430(4).

### **Changes:**

Requests for revision of the prequalification standing of any applicant will be considered whenever the applicant can make a showing of materially improved ability, but not more often than once in three months. Major changes must be submitted by a new prequalification application. If the changes are minor, such changes may be requested in letter form to the public contracting agency. Minor changes involve, but are not limited to, company name, adding or deleting classes of work.

With or without a request from a prequalified applicant, the prequalification limitation on class of work or size of project may be reviewed and increased or decreased as found appropriate. The prequalified applicant will be notified in writing of any such revision.

#### **Confidential Information:**

If information provided herein is considered exempt from disclosure under either ORS 192.345(2) or ORS 646.461(4), or other grounds specified in Oregon Public Records Law, ORS 192.311 through ORS 192.478, clearly designate the portions which the applicant claims are exempt from disclosure, along with a justification and citation to the authority relied upon. Entire records or documents should not be designated as a trade secret or otherwise exempt from disclosure; only specific information within a record or document should be so designated. Contents of the application will not be disclosed to the public except upon the written order of the person or persons furnishing the same or upon an appropriate order of a court of competent jurisdiction.

Application Information						
Application Submission Date			Date	e Received by	City	
Person Preparing Application			•		•	
Title						
Phone			Email			
This Contractor's P	Prequalification	on Applicatio	on is submit	tted with the fo	following purpose (check one):	
General Prequalification Ap	plication	This is	a Prequalifi	cation Applic	eation for a specific project:	
General prequalification pe		Projec	et Name			
one year from the date of the Notice of Approval:		Bid (	Opening			
		1	Application must be completed in its entirety and received no less than seven working days prior to a bid opening.			
Company Information						
Registered Company Name Should Match W-9						
Physical Address No P.O. Boxes						
Mailing Address						
Phone Number						
Fax Number						
Email Address						
Business Structure (Check One)	Corpo  Memb	dual Sole Proration  oer of Joint Voled Liability Ined Business	/enture (JV) Partnership	) (LLP)	☐ General Partnership ☐ Joint Venture (JV) ☐ Limited Liability Company (LLC) ☐ Limited Partnership (LP) ☐	

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1 For each Class of Work, indicate in the corresponding column: (A) Enter the maximum dollar amount of work you are capable of performing, (B) Enter the number of years of experience in this class of work. An applicant wishing to add a new class or classes or work in which they have not been previously prequalified must provide at least three references for each new class of work. Reference Form may be found at the end of this Prequalification Application.

If more space is required, attach additional sheets.

Class of Work	A. Max Dollar Amount	B. Years' Experience
Land Clearing Earthwork		
Aggregate Base		
Asphalt Concrete Paving		-
Portland Cement Paving		
Asphalt Surface Treatment		
Reinforced Concrete Structures, Retaining Walls, etc		
Masonry Walls		
Curbs and Sidewalks		
Signing and Striping		
Traffic Signals		
Landscaping		
Utilities		
Sanitary Sewers		
Sewage Pump Stations		
Sewage Treatment Plants		
Water Lines		
Water Reservoirs		
Water Tanks		
Water Filtration		
Storm Drains	- <del></del> -	
Subsurface Drains		
Stormwater Treatment		
Buildings		
Electrical Wiring		-
Building Construction		
Building Alteration and Repair		
Demolition, Related Excavation & Clearing		
Painting and Decorating		
Plumbing		
Heating		
Air Conditioning		
Roofing		
Sheet Metal Work		
Other		
Fixed Dock Construction		
Floating Dock Construction		
Dock maintenance		
Pile Driving		-
Railroad		
Kamoad		

		unt of work, expressed to bonding company for		the applica	nnt can be bonded for at	one
		\$	D	ollars		
performance bond	d(s), the appl		ame of the agent and	•	n is sought require bid and ess and telephone number	of the
Surety Compa	any Name					
Surety Company Ag	gent Name					
Surety Compan	y Address					
Surety Compa	any Phone					
4 If an Oregon corp	poration, an	swer this:	5 If a ge	neral partno	ership, answer this:	
Date Registered with Secretary of State			Date of O	rganization		
President			If a foreign (out of state) co-partnership or person engaging in business in the state under an assume			Yes
1 <sup>st</sup> Vice President			name, but not domiciled within this state, is the partnership or business organization registered as			□ No
Secretary			required in compliance with ORS 648 et. seq?			
Treasurer			Name & Address			
What Officers are authorized to execute contracts?			Of Partners			
6 If a foreign (out o	of state) corp	poration, answer this	*			
When Incorporated			President			
In What State			1st Vice President			
Date of authorization business in the State			Secretary			
Has applicant filed Revenue forms require			Name & Address of Registered Agent in Oregon			
What Officers are authorized to execute contracts?						

7 If a limit	7 If a limited liability company, limited liability partnership or a limited partnership, indicate below:						
Check One	☐ Limited Liability Company (LLC) ☐ Limited Liability Partnership (LLP) ☐ Limited Partnership (LP)		Have you registered with the State Corporation Division, Business Registry?				
Who is authorized to execute contracts?			Name & Address of Organizer				
8 If doing	8 If doing business under an assumed business name, fill out the following information:						
Name of A	ssumed Business						
	Owner's Name						
	Owner's Address						
	Secretary of State Registration Date			Secretary of State Expiration Date			
9 If doing	business as a sole	proprietorship, fill out	the followin	g information:			
	Name Liable for tions of Business						
	ividual's Address						
	If you are a sole	proprietor using an assur	med business	name, fill out the fo	ollowing informa	tion:	
Name of A	ssumed Business						
	Secretary of State Registration Date			Secretary of State Expiration Date			

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10 Applicant's Equipment Questionnaire: List major plants and equipment owned by the applicant; small equipment and tools can be lumped together. If more space is required, attach additional sheets.

Description	Capacity	Age (Years)	Qty.	Condition			
Total Market Value of Equipment in Dollar							
If applicant intends to rent equipment, provide a general description:							
If applicant intends to rent equipment, indicate w	here available:						

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11 Applicant's Experience Questionnaire: List major projects applicant has undertaken in the last five years; list most recent projects first.

If more space is required, attach additional sheets.

Owner Name, Address & Phone	Project Name	Class(es) of Work	Contract Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

- **12 Applicant's Experience Questionnaire,** *Continued*: For the projects listed under Item 11, list the following additional information. Use the same line number per project listed under Item 11.
  - Indicate whether: (P) Prime Contractor, (JV) Joint Venture, (Sub) Subcontractor
  - Indicate name, address and phone number including area code

<b>Date of Completion</b>	Location of Work	• P/JV/Sub	Surety Company (if Project Bonded)	Architects or Engineering Firms •• Name, Address & Phone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

### CITY OF ASTORIA | PUBLIC WORKS DEPARTMENT CONTRACTOR'S PREQUALIFICATION APPLICATION EQUIPMENT & EXPERIENCE QUESTIONNAIRE | UPDATED 11/10/2021

13 Applicant's Experience Questionnaire, Conti	inued:
How many years has applicant been in business under	present name?
As Prime Contractor?	As a Subcontractor?
How many years' experience in construction work has	applicant had?
As Prime Contractor?	As a Subcontractor?
14 Indicate contractor's licenses or registration	numbers held as required by Oregon Statues:
Туре	Number & Name
Oregon Secretary of State Corporation Division – Active Business Registry No.	
Oregon Construction Contractors Board (CCB) No.	
W-9 Taxpayer Identification No.  Submit current, dated W-9 with application.  Oregon Business Landscape Contractors	
License No. & Company Name	
Individual Landscape Contractor	
License No. & Name Oregon Electrical Contractor	
License No. & Company Name	
Supervisor's License No. & Name	
Oregon Plumbing Business License No. & Company Name	
Journeyman's License No. & Name	
Oregon Boiler/Pressure Vessel Business License No. & Company Name	
Other License Type, No. & Name	
192.345(2) or ORS 646.461(4), or other grounds specified upon. Entire record and citation to the authority relied upon. Entire record	ided herein is considered exempt from disclosure under either ORS exified in Oregon Public Records Law, ORS 192.311 through ORS plicant claims are exempt from disclosure, along with a justification rds or documents should not be designated as a trade secret or ormation within a record or document should be so designated.
Check One Yes No If yes, designate port	ions, justification, citation and authority below. Add additional pages as necessary.

16 Ownership and Contro	ol:					
directors, partners and ar director, partner, doing b includes the applicant's	(a) List any organization, subsidiary companies or corporations, owned or controlled by the applicant, its officers, directors, partners and anyone owning at least 10%, interest in the firm, or in which the applicant was or is an officer, director, partner, doing business in Oregon under another name. For the purposes of this information, the applicant includes the applicant's officers, directors or partners, or other entity in which the applicant is an officer director or partner. If none, so state.					
(b) List those individuals, co	ompanies or corporation	ons owning 10% or more of $a$	applicant's firm. If no	ne, so state.		
(c) List all other personnel is another firm prequalified			erest in or serve as of	ficers or partners in		
Individual's Name	Present Position or Office	Other Firm or Firms	Position in Other Firm(s)	State of Other Firm(s)		

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17 Supplem	nental Que	estions:	
			ent, subsidiary or affiliate, ever been denied prequalification by any state, local or other state?
Check One	Yes	☐ No	If Yes, please explain:
			ent, subsidiary or affiliate, ever been debarred from bidding on contracts by any state, or any other state under any State Law or Federal Law?
Check One	Yes	☐ No	If Yes, please explain:
			the applicant, or any parent, subsidiary or affiliate, ever applied for prequalification gency under a different name?
Check One	Yes	☐ No	If Yes, please explain:
	applicant, o ment (work		
Check One	Yes	☐ No	If Yes, please explain:
• •	officer or p ederal cont		the applicant, or any parent, subsidiary or affiliate, ever been found in breach of a local,
Check One	Yes	☐ No	If Yes, please explain:
found to and relat Final Or	have violated Acts or	ed any sta ORS 2790 Oregon Bu	cer, partner, agent or employee of applicant, or any parent, subsidiary or affiliate, been ate or federal prevailing wage statute or regulation (including the federal Davis- Beacon C.800 et. seq.), or any provision requiring prompt payment to subcontractors, in any areau of Labor and Industries or the United States Department of Labor, by any court of
Check One	Yes	□ No	If Yes, provide copies of the Final Order(s) or judgment in which this occurred and explain in detail: (a) the circumstances behind any violation, including the amount(s) not paid; (b) whether the amount(s) have now been paid; (c) the reasons for the violation; (d) all efforts undertaken to ensure that future violations will not occur.
federal e Departm Corps of	nvironment ent of Envi Engineers,	tal statute ronmenta Division	cer, partner, agent or employee of applicant been found to have violated any state or or regulation (including but not limited to Environmental Protection Agency, l Quality, U.S. Fish and Wildlife Service, Department of Fish and Wildlife, U.S. Army of State Lands, Department of Agriculture or Department of Interior), or any permit es, in any agency Final Order or by any court of competent jurisdiction?
Check One	Yes	□ No	If Yes, provide copies of the Final Order(s) or judgment in which this occurred and explain in detail: (a) the circumstances behind any violation, including the amount(s) not paid; (b) whether the amount(s) have now been paid; (c) the reasons for the violation; (d) all efforts undertaken to ensure that future violations will not occur.
1			

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<b>18 Application Contact Person:</b> Name of co	ontact person for	information regar	rding this application.	
Name		Title		
Email	Phone		Fax	
19 Affidavit:				
STATE OF				
COUNTY OF	) ss.			
I,		(Na	me), being first sworn,	state that I am
		_(Title of Indivi	dual Authorized to Exec	cute Bids and/or
Contracts) of the applicant herein and that the s	tatements made	in this application	are true and I acknowled	ge that any false,
deceptive or fraudulent statements on the appli	cation or at a he	aring will result	in the denial of prequalifi	cation, and may
subject me to charges of false swearing or perju	ury; should there	be any subseque	nt material reduction in a	pplicant's ability
to carry out any project for which applicant des	ires to submit a l	bid, applicant wil	l give written notice of su	ch change to the
designated officer to whom this application is	s submitted at le	east ten (10) day	s prior to the bid openin	g; and that it is
understood that such notice may change the elig	gibility of applica	ant to submit the	bid.	
Original Signature of Individual Authorized to Execute Bids and/or Contracts			Title	<u> </u>
Subscribed and sworn to before me this	day of		(Month),	(Year)
Notary Seal or Stamp:				
			Original Notary Public	Signature
		My con	mmission expires:	

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### **Reference Form**

Applicant completes the (A) Project Information and (B) Prequalification Applicant Information sections. The Reference completes the (C) Reference Responses section. Each reference may be used for multiple classes of work if the project included more than one class of work. The class of work for which the applicant has demonstrated experience may be with their own work force or through project management of subcontractors. Make copies for additional references as needed.

(A) Project Inform	nation			
Applicant				
Project Title		L	Location	
Class(es) of Work				
Reference Name		Titl	e	
Company/Agency				
Email			Phone	
Brief Project Descr	iption and Applicant's Role:			
(B) Prequalification	on Applicant Information			
Company Name				
Contact Name		Alt. Contac	ct Name	
Title			Title	
Email			Email	
Phone			Phone	
(C) Reference Res				
1) What was your	role in the above project (e.g., project man	ager, prime c	contractor, s	uperintendent)?
2) What was the a	pplicant's role?			
Prime S	ub Manager of a Sub Other	If Other, pleas	se explain:	
3) Did the applica	nt perform the Class(es) of Work mentione	ed above?		
Check One	Yes No Comments:			
4) Was the projec	t completed and accepted?			
Check One Y	es; Year of Completion: [	□ No Com	nments:	
5) Would you cho	ose to work with this applicant again?			
Check One	Yes No Comments:			
	ditional information you (the reference) won applicant? Attach additional sheets as nec		are about yo	our experience with this
prequamento	applicant: Attach additional sheets as nec	essary.		
Signa	nture of Reference			Date
Printed Non	ne & Title of Reference			