



Contractor's Qualification Statement

Office of Management & Enterprise Services ■ Capital Assets Management ■ Department of Real Estate Services ■ Construction and Properties

This form is to be used to describe required specialized experience when specifically requested in the Solicitation for Bids / Bid Notice for a specific project. When requested, this form must be filed with Construction and Properties fourteen (14) days prior to the Bid Date. Information shall be updated annually unless otherwise notified.

DATED this _____ day of _____ in the year 20__.

SUBMITTED TO OWNER:

State of Oklahoma
OMES/CAM/DRES Construction and Properties
P.O. Box 53448
Oklahoma City, OK 73152-3448
cap@omes.ok.gov

PROJECT (if for specific Project):

(CAP Project Number) (Solicitation Number)
(CAP Project Name)
(Address/Location)

ON BEHALF OF THE USING AGENCY (if for Specific Project):

(Using Agency Name)

SUBMITTED BY:

(Company Name) (City, State ZIP)
(Address) (Single POC Email) (Telephone Number)

Principal Office: [] Yes [] No

[] Corporation [] Partnership [] Individual [] Joint Venture [] LLC [] LLP [] LLPC [] Other (EIN/TIN Number)

Type of Work:

[] General Construction [] HVAC [] Electrical [] Plumbing
[] Other:

1.0 Organization.

- 1.1. How many years has your organization been in business as a Contractor?
1.2. How many years has your organization been in business under its present business name?
1.2.1. Under what other (e.g. trade name, fictitious name) or former names has your organization operated?

1.3. If your organization is a corporation, answer the following:

- 1.3.1. Corporation is in good standing in state of incorporation: Yes [] No []
1.3.2. Date of incorporation:
1.3.3. State of incorporation:
1.3.4. President's name:
1.3.5. Vice-president's name(s):
1.3.6. Secretary's name:
1.3.7. Treasurer's name:

1.4. If your organization is a partnership, answer the following:

- 1.4.1. Partnership is in good standing in state of organization: Yes [] No []
1.4.2. Date of organization:
1.4.3. Type of partnership, if applicable:
1.4.4. Name(s) of general partner(s):

1.5. If your organization is individually owned, answer the following:

- 1.5.1. Organization is in good standing in state of organization: Yes [] No []
1.5.2. Date of organization:
1.5.3. Name of owner:

1.6. If your organization is other than those listed above, describe it and name the principals:

2.0 Licensing.

2.1. List jurisdiction and trade categories in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable:

2.2. List jurisdictions in which your organization's partnership or trade name is filed:

(Out of state firms are required to obtain a Certificate of Authority to transact business in the State of Oklahoma. Certificate applications may be obtained from the Office of the Secretary of State <https://www.sos.ok.gov/>. An out of state firm who is the apparent low bidder on State work, will be required to obtain the Certificate of Authority before a contract is awarded and executed.)

3.0 Experience.

3.1. List the categories of work that your organization normally performs with its own forces:

3.2. **Claims and Suits.** *(if the answer to any of the questions below is yes, attach details.)*

3.2.1. Has your organization ever failed to complete any work awarded to it? Yes No

3.2.2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No

3.2.3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes No

3.3. Within the last five (5) year, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? Yes *(if the answer is yes, attach details)* No

3.4. List five (5) major construction projects your organization has in progress, giving the name of project, owner, design professional, project type, contract amount, percent complete, scheduled completion date and delivery method.

(Project Type must be one of the following: Residential, Light Commercial, Multi-family, Healthcare, Environmental, Industrial, Commercial, Institutional or Civil. If Project is renovation, say so in Project Name)

3.4.1. Project Name: _____

(Project Type) *(Owner Organization)*

(Contract Amount) *(Owner Contact)*

(Percent Complete) *(Owner Email and/or Telephone Number)*

(Scheduled Completion Date) *(Design Professional Organization)*

(Delivery Method) *(Design Professional Contact)*

(Design Professional Email and/or Telephone Number)

3.4.2. Project Name: _____

(Project Type) *(Owner Organization)*

(Contract Amount) *(Owner Contact)*

(Percent Complete) *(Owner Email and/or Telephone Number)*

(Scheduled Completion Date) *(Design Professional Organization)*

(Delivery Method) *(Design Professional Contact)*

(Design Professional Email and/or Telephone Number)

3.4.3. Project Name: _____

(Project Type) *(Owner Organization)*

(Contract Amount) *(Owner Contact)*

(Percent Complete) *(Owner Email and/or Telephone Number)*

(Scheduled Completion Date) *(Design Professional Organization)*

(Delivery Method) *(Design Professional Contact)*

(Design Professional Email and/or Telephone Number)

3.4.4. Project Name: _____

(Project Type) *(Owner Organization)*

(Contract Amount) *(Owner Contact)*

(Percent Complete) *(Owner Email and/or Telephone Number)*

(Scheduled Completion Date) *(Design Professional Organization)*

(Delivery Method) *(Design Professional Contact)*

(Design Professional Email and/or Telephone Number)

3.4.5. Project Name: _____

(Project Type) *(Owner Organization)*

(Contract Amount) *(Owner Contact)*

(Percent Complete) *(Owner Email and/or Telephone Number)*

(Scheduled Completion Date) *(Design Professional Organization)*

(Delivery Method) *(Design Professional Contact)*

(Design Professional Email and/or Telephone Number)

3.4.6. State total worth of work in progress and under contract: _____

3.5. List five (5) major projects your organization has completed in the past five (5) years, giving the name of the project, owner, design professional, project type, contract amount, days over or under Contract completion date, date of completion, delivery method and percentage of the cost of work performed with your own forces. (Project Type must be one of the following: Residential, Light Commercial, Multi-family, Healthcare, Environmental, Industrial, Commercial, Institutional or Civil. If Project is renovation, say so in Project Name)

3.5.1. Project Name: _____

(Project Type) *(Owner Organization)*

(Contract Amount) *(Owner Contact)*

(Days over/ under Contract Completion Date) *(Owner Email and/or Telephone Number)*

(Completion Date) *(Design Professional Organization)*

(Delivery Method) *(Design Professional Contact)*

(Percentage of Cost of Work by Own Forces) *(Design Professional Email and/or Telephone Number)*

3.5.2. Project Name: _____

(Project Type) *(Owner Organization)*

(Contract Amount) *(Owner Contact)*

(Days over/ under Contract Completion Date) (Owner Email and/or Telephone Number)

(Completion Date) (Design Professional Organization)

(Delivery Method) (Design Professional Contact)

(Percentage of Cost of Work by Own Forces) (Design Professional Email and/or Telephone Number)

3.5.3. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Days over/ under Contract Completion Date) (Owner Email and/or Telephone Number)

(Completion Date) (Design Professional Organization)

(Delivery Method) (Design Professional Contact)

(Percentage of Cost of Work by Own Forces) (Design Professional Email and/or Telephone Number)

3.5.4. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Days over/ under Contract Completion Date) (Owner Email and/or Telephone Number)

(Completion Date) (Design Professional Organization)

(Delivery Method) (Design Professional Contact)

(Percentage of Cost of Work by Own Forces) (Design Professional Email and/or Telephone Number)

3.5.5. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Days over/ under Contract Completion Date) (Owner Email and/or Telephone Number)

(Completion Date) (Design Professional Organization)

(Delivery Method) (Design Professional Contact)

(Percentage of Cost of Work by Own Forces) (Design Professional Email and/or Telephone Number)

3.5.6. State average annual amount of construction work performed during the past five (5) years: _____

3.6. List the construction experience and present commitments of key individuals of your organization:
(Format: John Doe, PMI, Proj.Mgr.; 10 yrs. as Super., 20yrs. as PM; 30yrs. w/co; 100+ GC & CM projects w/co.; 2 active CM projects.

4.0 References.

4.1. Trade References:

4.2. Bank References:

4.3. Surety.

4.3.1. Name of bonding company:

4.3.2. Name, address and email of agent:

5.0 Financing.

(This is a mandatory requirement of the Pre-qualification process in completing this Statement. In accordance with Oklahoma Statutes, Title 61 §118, financial information shall remain confidential. Physical copies provided will be shredded, electronic versions may be archived, but remain on a secure Oklahoma network.)

5.1. Financial Statement.

5.1.1. Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

5.1.1.1. Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);

5.1.1.2. Net Fixed Assets;

5.1.1.3. Other Assets;

5.1.1.4. Current Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retainage earnings).

5.1.2. Name and address of firm preparing attached financial statement, and date thereof:

5.1.3. Is the attached financial statement for the identical organization named on page one? Yes No

5.1.4. If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary).

5.2. Will the organization whose financial statements act as guarantor of the contract for construction? Yes No

6.0 Signature.

6.1. The undersigned, being duly authorized to sign on behalf of the organization named herein, does swear or affirm, under penalty of perjury, that the contents of this Qualification Statement, and each supporting document, are true and sufficiently complete so as not to be misleading as so dated above.

CONTRACTOR:

(Authorized Representative Signature)

(Date Signed)

(Authorized Representative Printed Name)

(Authorized Representative Printed Title)