

## IMPORTANT GENERAL INSTRUCTIONS

1. Each prospective bidder is required to file a prequalification questionnaire consisting of an Experience Record, Financial Statement, and Equipment Schedule, on a form approved by this Department. An audited financial statement is required with each new prequalification. Audited or reviewed financial statements will be accepted with prequalification renewals.
2. A questionnaire may be filed with the Department at any time. The terminal of fiscal date established by the prospective bidder is effective for twelve months from the date shown on the financial statement. A prospective bidder is authorized a four-month grace period to prepare and file a new questionnaire. An extension will not be given beyond the four-month grace period.
3. A reminder notification will be mailed to each prequalified prospective bidder during the anniversary month of the financial statement.
4. The prequalification questionnaire filed shall be a typewritten original or prepared in ink. Prequalification questionnaires completed in ink must be clearly legible.
5. All information and schedules herein shall be completed. In those schedules where there is nothing to report, the notation "None" or "N/A" should be inserted. A detailed Equipment Schedule must be included in order to receive credit for the book value of the equipment.
6. If space is not sufficient, attach separate schedules and reference to appropriate asset/liability items.
7. To avoid delay, be sure that all signatures are affixed and notarized where indicated. (Corporate seal may be affixed to the Affidavit for Corporation.)
8. Accountant's Certificate must be signed by the individual preparing the prequalification questionnaire form as well as showing the Certified or Registered Public Accounting firm. The Accountant may use his own form of opinion to fit the individual case and attach it to the questionnaire in lieu of the printed forms. Any opinion given must clearly refer to the Financial Statement entered in the questionnaire.
9. The Prequalification Questionnaire shall be returned to the Arkansas Department of Transportation, Attention: Program Management Division, P.O. Box 2261, Little Rock, Arkansas 72203 or may be delivered to 10324 Interstate 30, Little Rock, Arkansas 72209.  
  
If you are licensed in Arkansas, you may submit a copy of the Arkansas Contractors License Application in lieu of the Experience Record (The copy must contain all required signatures.). When using the Arkansas Contractors License Renewal Application, please include Pages 1 and 2 of the application, the appropriate Affidavit, and a complete financial statement with notes and signed audited opinion or a reviewed financial statement with signed opinion. With the application, include a detailed list (cost, depreciation, and net book value) of any equipment owned by the organization.
10. Each prospective bidder will be notified by letter upon completion of the Department's review.
11. Questions regarding the preparation of the prequalification questionnaire form may be directed to telephone number (501)569-2536 or by e-mail at [PMD@ardot.gov](mailto:PMD@ardot.gov).

12. The Department should be notified as soon as possible if there are any changes to the information provided in the Questionnaire.
13. The attention of prospective bidders is directed to Arkansas Code §17-25-101 et seq., Act 1048 of the 2015 Acts of Arkansas, being an “An Act to Amend the Law Concerning the Cost of Work and Materials Requiring a General Contractor’s License; and for Other Purposes”, and acts amendatory thereto. When the work offered is financed in whole with State funds and is estimated to cost \$50,000 or more, the prospective bidder must show evidence of license with the Contractors Licensing Board for the State of Arkansas before being furnished with a proposal form.  
Licensing with the Arkansas Contractors Licensing Board is not a prerequisite to bidding on projects that are funded in whole or in part with Federal-aid funds. However, an unlicensed successful bidder must become licensed within 90 calendar days after the written notice of award. The application for a contractor’s license may be obtained from the Arkansas Contractors Licensing Board at 501-372-4661 or [www.aclb.arkansas.gov](http://www.aclb.arkansas.gov).
14. Any company working on a project that is funded in whole or in part with Federal-aid funds must be registered for System of Award Management (SAM) [www.sam.gov](http://www.sam.gov) to avoid any unnecessary delay in the contract execution process. The contractor’s DUNS Number assigned by SAM should be listed on Page 1 of the Prequalification Questionnaire.

## PREQUALIFICATION QUESTIONNAIRE CHECKLIST

In order to expedite and facilitate the prompt approval of your prequalification statement, the following information **MUST** accompany your submission. Failure to provide all requested information may result in a delay of the approval process.

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\_\_\_ Prequalification Questionnaire (Page 1)

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\_\_\_ ARDOT Certification of Officers/Owners/Partners (Page 2)

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\_\_\_ Company's Experience Record (Pages 3 & 4)

**OR**

\_\_\_ A copy of the Arkansas Contractors License Renewal Application (must contain all required signatures)

*If your company has completed the application on-line, submit a copy of the e-mail payment confirmation.*

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\_\_\_ Financial Statement/Details Relative to Assets/Details Relative to Liabilities (Pages 5-10)

**OR**

\_\_\_ Financial Statement from an Independent Accountant or Auditor

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\_\_\_ Accountant's Certificate (Pages 11)

**OR**

\_\_\_ Independent Accountant's Report

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\_\_\_ Affidavit for Individual, Co-partnership, **OR** Corporation/LLC/LP (Pages 12-14)

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\_\_\_ W-9-Request for Taxpayer Identification Number and Certification

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\_\_\_ Equipment Depreciation Schedule



ARKANSAS STATE HIGHWAY COMMISSION

**PREQUALIFICATION QUESTIONNAIRE**

EXPERIENCE RECORD  
FINANCIAL STATEMENT  
EQUIPMENT SCHEDULE

MAIL TO:  
ARKANSAS DEPARTMENT OF TRANSPORTATION  
ATTENTION: PROGRAM MANAGEMENT DIVISION  
POST OFFICE BOX 2261  
LITTLE ROCK, ARKANSAS 72203  
10324 INTERSTATE 30, LITTLE ROCK, AR 72209  
TELEPHONE: 501-569-2536

COMPANY: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_ City State Zip Code

LOCATION ADDRESS: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
(Include Area Code) (Include Area Code)

EMPLOYER'S IDENTIFICATION NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DUNS NUMBER: \_\_\_\_\_

## CERTIFICATION OF OFFICERS/OWNERS/PARTNERS

I, the undersigned, do hereby certify that the following list includes **ALL** Officers/Owners/Partners of the Company and that each person's authority to enter into agreements/contracts with the Arkansas Department of Transportation is indicated below.

Printed Name	Title	Is this person authorized to enter into agreements?	
		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Must be Officer/Owner/Partner)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Federal Employer Identification Number

Note: Use additional pages as needed

Return to:  
 Arkansas Department of Transportation  
 Attention: Program Management Division  
 Post Office Box 2261  
 Little Rock, AR 72203-2261

Fax: (501) 569-2623

EXPERIENCE RECORD

1. How many years has your organization been in business as a general contractor under your present business name? \_\_\_\_\_
  
2. How many years experience in \_\_\_\_\_ construction work has your organization had: (a) As a general contractor \_\_\_\_\_, (b) as a subcontractor \_\_\_\_\_  
\_\_\_\_\_
  
3. Have you ever failed to complete any work awarded to you? \_\_\_\_\_ If so, where and why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? \_\_\_\_\_ If so, state name of individual, other organization, and reason therefor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Has any officer or partner of your organization ever failed to complete a construction contract handled in his own name? \_\_\_\_\_ If so, state name of individual, name of owner, and reason therefor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. In what other lines of business are you financially interested?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Name and address of all affiliated and/or subsidiary companies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What is the construction experience of the principal individuals of your organization?

Individual's Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work	In What Capacity

9. List principal projects your organization has completed in the past three years:

Contract Amount	Class of Work	When Completed	Name and Address of Owner

10. List the construction projects your organization has underway on this date:

Contract Amount	Class of Work	Percent Completed	Name and Address of Owner or Contracting Officer

# FINANCIAL STATEMENT

SUBMITTED BY \_\_\_\_\_

PRINCIPAL OFFICE \_\_\_\_\_

CONDITION AT CLOSE OF BUSINESS \_\_\_\_\_

20

Accounting Year End: \_\_\_\_\_

- Individual
- Partnership
- Corporation

ASSETS			Dollars Only		
1	Cash: (a) On hand \$	(b) in bank (c) Elsewhere \$			
2	Notes Receivable: (a) Amounts due within one year	(b) Past due			
3	Accounts receivable from completed contracts exclusive of claims not approved for payment				
4	Sums earned on uncompleted contracts as shown by Engineer's or Architect's estimate:				
	(a) Amount receivable after deducting amounts retained				
	(b) Amounts retained to date, due upon completion of contracts				
5	Accounts receivable from sources other than construction contracts				
6	Deposits for bids or other guarantees: (a) Recoverable within 90 days	(b) Recoverable after 90 days			
7	Other Current Assests				
8	Stocks and Bonds: Current	(a) Listed Present Market Value			
		(b) Unlisted Present Value			
9	Materials in stock not included in item 4: (a) For uncompleted contracts				
	(b) Other materials				
	TOTAL CURRENT ASSESTS				
10	Real Estate: (a) Used for business purposes	(b) Not used for business purposes			
11	Equipment, at book value				
12	Furniture and Fixtures, not at book value				
13	Other Assets (Non-Current)				
	TOTAL ASSETS				
	LIABILITIES AND EQUITY				
14	Notes Payable (Due within 1 year EXCLUSIVE of Real Estate and Equipment Encumbrances)				
15	Due Subcontractors (retained percentage and current estimates)				
16	Accounts Payable: (a) Not past due	(b) Past due			
17	Real Estate Encumbrances due within one year				
18	Equipment Encumbrances due within one year				
19	Other Liabilities due within one year				
	TOTAL CURRENT LIABILITIES				
20	Notes Payable (Amounts due after 1 year EXCLUSIVE of Real Estate and Equipment Encumbrances)				
21	Real Estate Encumbrances due after one year				
22	Equipment Encumbrances due after one year				
23	Other Liabilities due after one year				
	TOTAL LIABILITIES				
24	PROPRIETOR'S OR PARTNER'S EQUITY				
25	SHAREHOLDERS' EQUITY	Capital Stock paid up Preferred: \$			
		Common: \$			
		Capital Surplus \$			
		Retained Earnings \$			
		Less Treasury Stock at cost \$			
		SHAREHOLDERS' EQUITY			
	TOTAL LIABILITIES AND EQUITY				
26	CONTINGENT LIABILITIES – Listed and Described on Separate Schedule				

SHOW MONEY VALUE IN DOLLARS



**DETAILS RELATIVE TO ASSETS**

<b>1</b>	Cash	(a) On hand	\$	\$
		(b) Deposited in banks named below	\$	
		(c) Elsewhere (state where)	\$	
				Total

Name of Bank	Location	Deposit in Name of	Amount

<b>2*</b>	Notes receivable	(a) Due within one year	\$	\$
		(b) Past due	\$	

Receivable From: Name and Address	For What	Date of Maturity	How Secured	Amount

Have any of the above been discounted or sold? \_\_\_\_\_ If so, state amount, to whom, and reason \_\_\_\_\_

<b>3*</b>	Accounts receivable from completed contracts exclusive of claims not approved for payment	\$

Name and Address of Owner	Nature of Contract	Amount of Contract	Amount Receivable

Have any of the above been assigned, sold or pledged? \_\_\_\_\_ If so, state amount, to whom, and reason \_\_\_\_\_

<b>4*</b>	Sums earned on uncompleted contracts, as shown by Engineer's or Architect's estimate:		\$
	(a) Amounts receivable after deducting retainage	\$	
	(b) Retainage to date due upon completion of contract	\$	
			Total

Designation of Contract and name and Address of Owner	Amount of Contract	Amount Earned	Amount Received	Retainage		Amount Exclusive of Retainage
				When Due	Amount	

Have any of the above been sold, assigned or pledged? \_\_\_\_\_ If so, state amount, to whom, and reason \_\_\_\_\_

\* List separately each item amounting to 10 percent or more of the total and combine the remainder.

DETAILS RELATIVE TO ASSETS - Continued

<b>5*</b>	Accounts receivable not from construction contracts	(a) Officers & Employees	\$	
		(b) Other	\$	Total

Receivable from: Name and Address	For What	When Due	Amount

What amount, if any, is past due

<b>6</b>	Deposits for bids or otherwise as guarantees		\$
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Deposited with: Name and Address	For What	When Recoverable	Amount

<b>7</b>	Other Current Assets (Include Current Investments)		\$
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Description	Amount

<b>8</b>	Stocks and Bonds:	(a) Listed - present market value	\$	
		(b) Unlisted - present value	\$	Total

	Description	Issuing Company	Per Share		Quantity	Amount
			Cost	Market Value		
1						
2						
3						
4						
5						
6						
7						

	Who in Possession	If any are Pledged or in Escrow, State for Whom, and Reason	Amount Pledged or in Escrow
1			
2			
3			
4			
5			
6			
7			

\*List separately each item amounting to 10 percent or more of the total and combine the remainder.

DETAILS RELATIVE TO ASSETS - Continued

<b>9</b>	Materials in stock and not included in item 4; Assets:		
	(a) For use on uncompleted contracts	\$	\$
	(b) Other materials	\$	Total

Description of Material	Quantity	Present Value	
		For Uncompleted Contracts	Other Materials

<b>10</b>	Real Estate		
	(a) Used for business purposes	\$	\$
	Book Value (b) Not used for business purposes	\$	Total

	Description of Property	Improvements		Total Book Value
		Nature of Improvements	Book Value	
1				
2				
3				
4				
5				

	Location	Held in Whose Name	Assessed Value	Amount of Encumbrances
1				
2				
3				
4				
5				

<b>11*</b>	Equipment at book value _____		\$
	NOTE: List only equipment to which you can show sole ownership, the depreciation of which must be computed in accordance with A.G.C. Schedule.		Total

Quantity	Description and Capacity of Items	Age of Items	Purchase Price	Depreciation Charged Off	Book Value

NOTE: In order to receive credit for the book value of your equipment, a detailed listing must be provided. This may be furnished on a separate sheet if you desire, but all information requested must be completed.

Are there any liens against the above? \_\_\_\_\_ If so, state total amount ..... \$ \_\_\_\_\_

\*If two or more items are lumped above, give the sum of their ages.





# Accountant's Certificate

Certified Public Accountant,  
I am a Registered Public Accountant, holding unrevoked Certificate No. \_\_\_\_\_,  
in the State of \_\_\_\_\_, of the firm of \_\_\_\_\_

\_\_\_\_\_  
Certified Public Accountants  
Registered Public Accountants We have audited the balance sheet of \_\_\_\_\_

This balance sheet is the responsibility of management. Our responsibility is to express an opinion on the balance sheet based on our audit.

Our audit was made in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the balance sheet is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the balance sheet. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall balance sheet presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the balance sheet referred to above presents fairly the financial position of the said individual/copartnership/corporation as of \_\_\_\_\_, 20\_\_\_\_, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Our audit was made for the purpose of forming an opinion on the balance sheet referred to above. The additional information included on pages 5-10 of this report is presented for purposes of additional analysis and is not a required part of the balance sheet. The information in such schedules has been subjected to the auditing procedures applied in the audit for the balance sheet; and, in our opinion, such information is fairly stated in all material respects in relation to the balance sheet taken as a whole.

\_\_\_\_\_  
Signature                      Certified Public Accountant  
Registered Public Accountant

\_\_\_\_\_  
Accounting Firm

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

Please Indicate Accounting Method Used:

- Percentage of Completion
- Completed Contract

AFFIDAVIT FOR INDIVIDUAL

STATE OF \_\_\_\_\_ )  
PARISH \_\_\_\_\_ ) ss.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says: That the foregoing statement of  
(Individual's Name)  
experience and all statements therein contained are true and correct and that the foregoing financial statement taken from his books is a true and accurate statement of his financial condition as of the date and that the answers to the foregoing interrogatories are true. He further states: That the foregoing statements of experience and financial condition are submitted to the Arkansas State Highway Commission for the express purpose of being prequalified and eligible to perform work for the Arkansas State Highway Commission in accordance with the Specifications and Supplements thereto; and that any depository, vendor or other agency herein named is hereby authorized to supply the Arkansas State Highway Commission with any information necessary to verify these statements.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature & Seal

\_\_\_\_\_  
Applicant must sign here

My Commission Expires: \_\_\_\_\_

AFFIDAVIT FOR CORPORATION/LLC/LP

STATE OF \_\_\_\_\_ )  
PARISH \_\_\_\_\_ ) ss.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, each deposes  
(Name of Owner/Officer/Member/Partner)

and says: That he is \_\_\_\_\_ of \_\_\_\_\_  
(Position held) (Company Name)

\_\_\_\_\_, the corporation described in, and which executed, the foregoing statement of experience and all statements therein contained are true and correct and that he is familiar with the books of the said corporation showing its financial condition; that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof and that the answers to the foregoing interrogatories are true. He further states: That the foregoing statements of experience and financial conditions are submitted to the Arkansas State Highway Commission for the express purpose of being prequalified and eligible to perform work for the Arkansas State Highway Commission in accordance with the Specifications and Supplements thereto; and that any depository, vendor or other agency herein named is hereby authorized to supply the Arkansas State Highway Commission with any information necessary to verify these statements.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature & Seal

\_\_\_\_\_  
Owner/Officer/Member/Partner of Corporation/LLC/LP Must Sign Here

My Commission Expires: \_\_\_\_\_

IF A CORPORATION, LLC, or LP answer this:
Capital paid in cash, \$ _____
When incorporated _____
In what state _____
President's Name _____
Vice President's Name _____
_____
Secretary's Name _____
Treasurer's Name _____
_____
_____
Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity _____



AFFIDAVIT FOR COPARTNERSHIP

STATE OF \_\_\_\_\_ )  
PARISH \_\_\_\_\_ ) ss.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, each deposes  
(Name of Owner/Partner/Officer/Member)

and says: That he is a member of the firm of \_\_\_\_\_  
(Name of Copartnership)

that the foregoing statement of experience and all statements therein contained are true and correct and that he is familiar with the books of said firm showing its financial condition; that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and that the answers to the foregoing interrogatories are true. He further states: That the foregoing statements of experience and financial condition are submitted to the Arkansas State Highway Commission for the express purpose of being prequalified and eligible to perform work for the Arkansas State Highway Commission in accordance with the Specifications and Supplements thereto and that any depository, vendor or other agency herein named is hereby authorized to supply the Arkansas State Highway Commission with any information necessary to verify these statements.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature & Seal

My Commission Expires: \_\_\_\_\_

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

All Members of Firm Must Sign

IF A COPARTNERSHIP, answer this:  
Date of organization \_\_\_\_\_  
State whether partnership is general or limited \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name and addresses of partners \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EQUIPMENT DEPRECIATION SCHEDULE

Please include your Equipment Depreciation Schedule when returning your Prequalification Application information. Please list the following:

- 1) Cost of Equipment
- 2) Depreciation of Equipment
- 3) Net Book Value of Equipment (Cost less depreciation)



ARKANSAS DEPARTMENT OF TRANSPORTATION

ARDOT.gov | IDriveArkansas.com | Lorie H. Tudor, P.E., Director

PROGRAM MANAGEMENT DIVISION

10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261 | Phone: 501.569.2262 | Fax: 501.569.2623

Please provide the name and email address of a primary and a secondary point of contact for your company for each category below and return with your Prequalification Questionnaire.

**Company Name** \_\_\_\_\_

**Pre-Qualification Questionnaire**

Primary contact name / email address \_\_\_\_\_

Secondary contact name / email address \_\_\_\_\_

**Invoices (Bidding/Plans/Proposal Documents)**

Primary contact name / email address \_\_\_\_\_

Secondary contact name / email address \_\_\_\_\_

**Addenda**

Primary contact name / email address \_\_\_\_\_

Secondary contact name / email address \_\_\_\_\_

**Bid Preparation (Bid Express, Proposal Holders List)**

(The email address you list for this category will appear on the Proposal Holders List.)

Primary contact name / email address \_\_\_\_\_

Secondary contact name / email address \_\_\_\_\_

**Contracts (Doc Express)**

Primary contact name / email address \_\_\_\_\_

Secondary contact name / email address \_\_\_\_\_

Note: Please notify our office as soon as possible if your contact information changes.