



Contractor's Qualification Statement and Experience Questionnaire

Submitted by _____

The name as indicated herein, must conform in all respects to the name of the contractor referred to in the Report of the Independent CPA, and the name to be included on potential contractual agreements with the Department.

Federal Employer Identification No. _____

Address _____ City _____

State _____ Zip _____

email _____

Telephone No. _____ Fax No. _____

Date of Statement _____ 20____

MAIL TO:
DIRECTOR OF OPERATIONS
DEPARTMENT OF TRANSPORTATION
DWIGHT D. EISENHOWER STATE OFFICE BUILDING
700 S.W. Harrison, 8th Floor
Topeka, Kansas
66603-3754
(785) 296-2235
Fax: (785) 296-2799
Email Address: www.ksdot.org

INSTRUCTIONS FOR FILING STATEMENT OF EXPERIENCE AND FINANCIAL CONDITION

This statement is to be filed with the Director of Operations, Kansas Department of Transportation (hereafter called Director) for the purpose of qualifying to bid on construction and is considered to be strictly confidential and shall not be made public.

The Qualification Statement must be filled out in accordance with all instructions. An incomplete statement may result in a lower rating than would otherwise result. Attach supplemental schedules if the spaces provided do not suffice. Statements on forms other than those provided by the DOT will not be accepted. Schedules should be resembled using page numbers provided.

The Contractor, as evidenced by the sworn affidavit required herein, guarantees the truth and accuracy of all statements and answers hereinafter made.

Kansas Statutes Annotated 68-410 provides that, "No contract shall be awarded (by the Secretary) to a nonresident individual, partnership or corporation unless the same has established a permanent office in the State of Kansas so that service can be had and taxes collected from said nonresident." In addition any foreign corporation shall comply with K.S.A. 17-7301 and obtain authority from the Secretary of State to engage in the state as a foreign corporation. All out-of-state contractors, shall complete the "Contractor's Certificate (Corporation)" or "Contractor's Certificate (Individual or Co-Partnership)," whichever is applicable.

In order to qualify to bid on state projects the bidder shall submit a complete Qualification Statement to the Director at least seven (7) days prior to the date set for the opening of bids on the project or projects on which the bidder desires to bid. In order to remain qualified the contractor shall file a new statement at least annually, and at such other times as may be requested by the Director. Unless otherwise notified, the qualification shall continue for a period of twelve (12) months from the date of the Qualification Letter signed by the Assistant Secretary and State Transportation Engineer.

The Director reserves the right to reject any Qualification Statement which is as of a date six months or more prior to the date of filing, and in no event will a statement be accepted which is more than one year old.

The qualification rating shall determine the total amount of work in dollars allowable in any one or more classifications of all states, counties, municipalities, or individuals at the time when a bidding proposal is requested. The Contractor shall indicate in Section A, the class(es) of work on which the Contractor desires to bid.

Any bidder not satisfied with the findings of the Prequalification Committee may file a notice with the Secretary of Transportation asking for a review of the Committee's conclusions and the Contractor's Qualification Statement.

NOTICE TO CONTRACTORS

The Standard Specifications require that Contractors shall be qualified for various classifications of state highway work on the basis of their financial rating, the amount of required equipment, and previous experience of their organization and key personnel on highway construction or other comparable projects.

It is extremely important that the Contractor list in his statement both equipment and experience that would warrant the Committee qualifying the Contractor in the class or classes of work requested. Requested classes of work that are not substantiated by sufficient equipment and experience will not be considered by the Committee.

If equipment is to be leased or otherwise obtained, this information must be submitted in writing to the Committee. Leasing arrangements should be specific to the leasing company and the types of equipment to be leased. This information is to be submitted on the letterhead of the leasing company and signed by the appropriate person for the leasing company.

CONTRACTOR'S QUALIFICATION STATEMENT SECTION AND INDEX

SECTION A	Desired Class(es) of Work
SECTION B	Contractor's Financial Statements
SECTION C	Independent CPA, Certificate and Permit Numbers
SECTION D	Affidavit of Individual, Co-Partnership, Corporation
SECTION E	Contractor's Experience Questionnaire
SECTION F	Contractor's Certificate

DESIRED CLASS(ES) OF WORK

INDICATE CLASS OR CLASSES OF WORK ON WHICH YOU DESIRE TO BE QUALIFIED

CLASS OF WORK	X	YEARS OF EXPERIENCE	WHERE - States
A. GRADING			
B. ALL STRUCTURES			
C. RC BOX STRUCTURES, CULVERTS AND OTHER MISCELLANEOUS CONCRETE			
D. LIGHT SURFACING INCLUDING SUBGRADE MODIFICATION, BITUMINOUS SEALING, BITUMINOUS SURFACE TREATMENTS, AGGREGATE SURFACES			
E. BASE COURSES - PUGMILL TYPE BASES INCLUDING AGGREGATE BASE COURSES AND ROAD MIX; EXCEPT PLANT MIX BITUMINOUS AND PORTLAND CEMENT CONCRETE BASE COURSES			
F. PLANT MIX BITUMINOUS MIXTURES			
G. PORTLAND CEMENT CONCRETE PAVEMENT			
H. SEEDING AND ROADSIDE IMPROVEMENT EXCLUDING REST AREA STRUCTURES AND BUILDINGS			
I. REST AREA STRUCTURES AND BUILDINGS			
J. ELECTRIC LIGHTING AND TRAFFIC SIGNALS			
K. ALL SIGNING AND DELINEATION			
L. MINOR SIGNING (POST MOUNTED)			
M. PAVEMENT MARKING			
N. GUARD RAIL AND FENCING			
O. BRIDGE OR STRUCTURE PAINTING			
P. MISCELLANEOUS (LIGHT CONSTRUCTION NOT OTHERWISE CLASSIFIED) List specific work class desired.			

KANSAS DEPARTMENT OF TRANSPORTATION
CONTRACTOR'S FINANCIAL STATEMENTS

Revised: May, 2009

Alternatives pertaining to Contractor's financial statements

Alternative No. 1

If a contractor seeks a maximum prequalification of \$800,000 then an audit by an independent certified public accountant is not necessary. In addition to completing other relevant sections of the prequalification packet, the contractor needs to complete and submit pages two through six of Section B in the prequalification application.

If a contractor seeks a maximum prequalification in excess of \$800,000 then the following alternatives are relevant.

Alternative No. 2

Include the contractor's audited financial statements prepared in accordance with U.S. Generally Accepted Accounting Principles (GAAP) accompanying footnotes and the report of an independent certified public accountant with the prequalification application. The entity named on the financial statements and in the auditor's report should preferably be identical to the entity named in the prequalification application. It is not necessary to complete pages two through six of Section B, when this alternative is selected.

Audited financial statements, together with an unqualified report (i.e. a "clean opinion") of an independent CPA provide confidence that the figures and disclosures are reliable. Some companies have created special purpose entities to remove assets and liabilities from their balance sheet. The Financial Accounting Standards Board (FASB) issued Interpretation 46 (FIN 46) in response to this practice. The Interpretation requires companies to present a consolidated financial statement when a Variable Interest Entity exists. The independent CPA must issue a qualified opinion if a VIE exists and the audited financial statements are not consolidated.

When a VIE exists and the opinion of the independent CPA is qualified then the maximum prequalification amount will be \$800,000 unless the following conditions exist.

- The audit report qualification is due exclusively to the absence of a consolidated financial statement;
- and
- The contractor provides audited financial statements together with an unqualified report of an independent CPA on the construction company component of the contractor.

Then in this situation, the entity prequalified will be the construction company and it is the financial statement of the construction company that influences the maximum prequalification amount. Any contract awarded by the Department will be in the name of the construction company component of the contractor.

Alternative No. 3

When the independent CPA provides an unqualified opinion on consolidated financial statements which include a wholly owned construction company that is material to the financial statements taken as a whole, then the construction company (in lieu of the consolidated entity) maybe prequalified if the schedule of consolidation is included in the financial statements and such schedule clearly reflects the assets, liabilities and owner's equity of the construction company.

KANSAS DEPARTMENT OF TRANSPORTATION
CONTRACTOR'S FINANCIAL STATEMENTS

Revised: May, 2009

Alternative No. 4

The Department will accept a contractor's submittal of Exhibit B-1, Section B. That exhibit reflects in the first column the balance sheet amounts as audited and reported upon by the independent CPA. The appraisal increase or decrease should be reported in the second column of the exhibit. The last column of the exhibit is the summations of the first two columns. When this alternative is selected, it is necessary to provide the audited financial statement, accompany footnotes, and report of the independent CPA.

When a contractor utilizes this alternative, a detailed listing of the assets being appraised shall be included. That listing shall contain for each appraised asset: description, date of acquisition, accumulated depreciation, net book value, appraised value, and increase or decrease in net book value attributed to the appraisal.

All appraisals must be prepared and signed by an Accredited Member or Accredited Senior Appraiser of the American Society of Appraisers or by an individual holding the Member of the Appraisal Institute (MAI) designation from the Appraisal Institute. An associate or affiliate member in either organization does not suffice.

CONTRACTOR'S BALANCE SHEET

As of :

Exhibit B

CONTRACTOR'S NAME:

ASSETS

Current Assets :

Cash	
Short-term Investments	
Accounts Recievable	
Other	
Total Current Assets	

Other Assets :

Marketable Securities	
Prepaid Expenses	
Deposits	
Other	
Property and Equipment	
Less Accumulated Depreciation	
Total Other Assets	
Total Assets	

LIABILITIES AND OWNER'S EQUITY

Current Liabilities :

Accounts Payable	
Accrued Expenses	
Short-term Debt	
Current Portion of Long-term Debt	
Other	
Total Current Liabilities	

Non-Current Liabilities :

Deferred Expenses	
Long-Term Debt	
Other	
Total Non-Current Liabilities	

OWNER'S EQUITY

Preferred Stock	
Common Stock	
Capital in Excess of Par	
Retained Earnings	
Treasury Stock	
Other	
Total Owner's Equity	

TOTAL LIABILITIES AND OWNER'S EQUITY

CONTRACTORS' BALANCE SHEET
(TO BE SUBMITTED WHEN ALTERNATIVE 3, IS SELECTED)

As of :

Exhibit B-1

CONTRACTOR'S NAME :

	ASSETS In accordance with Generally Accepted Accounting Principals	Appraisal Increase (Decrease)	GAAP with Appraisal Increase (Decrease)
Current Assets :			
Cash			
Short-term investments			
Accounts Recievable			
Other			
Total Current Assets			
Other Assets :			
Marketable Securities			
Prepaid Expenses			
Deposits			
Other			
Property and Equipment			
Less Accumulated Depreciation			
Total Other Assets			
Total Assets			
LIABILITIES AND OWNER'S EQUITY			
Current Liabilities :			
Accounts Payable			
Accrued Expenses			
Short-term Debt			
Current Portion of Long-term Debt			
Other			
Total Current Liabilities			
Non-Current Liabilities :			
Deferred Expenses			
Long-Term Debt			
Other			
Total Non-Current Liabilities			
OWNER'S EQUITY			
Preferred Stock			
Common Stock			
Capital in Excess of Par			
Retained Earnings			
Treasury Stock			
Other			
Total Owner's Equity			
TOTAL LIABILITIES AND OWNER'S EQUITY			

ITEMIZED DETAIL OF ASSETS

1. Cash on hand

Name of Bank	Location	in whose name	AMOUNT
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2. Notes receivable

Name	For	Date of Origin	Due Date	Total	AMOUNT
------	-----	----------------	----------	--------------	--------

3. Accounts receivable, "Contract," approved estimates

Name	Approved	Not Paid	Retained	Total	AMOUNT
			Per Cent		

Cost accumulated since last estimate.

Date of last approved estimate	Labor	Materials	Other	Total	AMOUNT
--------------------------------	-------	-----------	-------	--------------	--------

4. Accounts receivable, other than contracts.

Name	For	Date of Origin	Due Date	Total	AMOUNT
------	-----	----------------	----------	--------------	--------

5. Deposits submitted with bids.

Deposited with	For	Letting Date	Total	AMOUNT
----------------	-----	--------------	--------------	--------

6. Real Estate, land only.

Description	Location	in whose name	Cost	Total	Book Value
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ITEMIZED DETAIL OF ASSETS

7. Buildings

Size	Type of Construction	used for	Age	Cost	Book Value
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8. Investments. Current assets only, other under (13).

Description	Issued By	No, shares or bonds	Cost	Market Value
-------------	-----------	---------------------	------	--------------

9. Life insurance, cash surrender value.

Company	Beneficiary	Date Issued	Face of Policy	Cash Value
---------	-------------	-------------	----------------	------------

10. Materials in stock

Description	Quantity	Cost	Market Price	Extended Lower
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11. Equipment. List by items. (LIST AVAILABLE EQUIPMENT NOT OWNED ON SEPARATE SCHEDULE)

No. Units	Description	Condition	Avg. Age	Cost	Depreciation to Date	Appraised or Book Value
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* Indicate either appraised or book value used for items 11 and 12

Continue on Page 5

ITEMIZED DETAIL OF ASSETS

Equipment Continued.

No. Units	Description	Condition	Avg. Age	Cost	Depreciation to Date	Appraised or Book Value
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12. Furniture and Fixtures

No. Units	Description	Condition	Avg. Age	Cost	Total Depreciation to Date	Appraised or Book Value
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13. Sundry

Quantity	Description	Other Information	Total	Book Value
----------	-------------	-------------------	-------	------------

ITEMIZED DETAIL OF LIABILITIES

1. Notes Payable. Show amount of payments on installment notes.

To Whom	For What	When Due	AMOUNT
---------	----------	----------	--------

2. Account Payable

To Whom	For What	When Due	Total AMOUNT
---------	----------	----------	---

3. Accrued Liabilities

	Total AMOUNT
--	---

Wages :		
Taxes :		
Interest :		
Insurance :		

4. Encumbrances

To Whom	What Security	When Due	Total Paid to AMOUNT
---------	---------------	----------	---

5. Other Liabilities

To Whom	Description	Other Information	Total AMOUNT
---------	-------------	-------------------	---

6. Reserves. Describe fully, stating purpose and basis of arriving amount.

	Total
--	---

Total Liabilities _____

Total Owners Equity _____

Total Liabilities and Owners Equity _____

AMOUNT



If a corporation, answer this:

Capital paid in cash, \$ _____
When incorporated _____
In what state _____
President's name _____
Vice-president's name _____
Secretary's name _____
Treasurer's name _____

If a co-partnership, answer this:

Date of organization _____
State whether partnership is general, limited or association _____
Name and address of partners: _____ Age _____

Affidavit for Individual

STATE OF _____ }
COUNTY OF _____ } SS.

- WBE CONTRACTOR
 - DB CONTRACTOR
 - NON-MINORITY CONTRACTOR
- Check one of the above

_____ being duly sworn, deposes and says that the foregoing financial statement taken from his books, is a true and accurate statement of his financial condition as of the date thereof, that the answers to the foregoing interrogatories are true and the statements in the experience questionnaire are correct; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository vendor of other agency herein named is hereby authorized to supply such party any information necessary to verify this statement.

Sworn to before me this _____ day of _____ 20 _____

(Individual must sign here)

Notary Public

Affidavit for Co-Partnership

STATE OF _____ }
COUNTY OF _____ } SS.

- WBE CONTRACTOR
 - DB CONTRACTOR
 - NON-MINORITY CONTRACTOR
- Check one of the above

_____ being duly sworn, deposes and says that he is a member of the firm of * _____; that he is familiar with the books of said firm showing its financial condition; that the foregoing financial statement, taken from the books of said firm, is a true and accurate statement of said form as of the date thereof, that the answers to the foregoing interrogatories are true and the statements in the experience questionnaire are correct; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

_____ day of _____ 20 _____

(All partners sign here)

Notary Public

Affidavit for Corporation

STATE OF _____ }
COUNTY OF _____ } SS.

- WBE CONTRACTOR
 - DB CONTRACTOR
 - NON-MINORITY CONTRACTOR
- Check one of the above

_____ being duly sworn, deposes and says that he is _____ of the * _____ that he is familiar with the books of the said corporation showing its financial condition; that the foregoing financial statements, taken from the books of said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof, that the answers to the foregoing interrogatories are true and the statements in the experience questionnaire are correct; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

Sworn to before me this _____ day of _____ 20 _____

(Officer must sign here)

Notary Public

A separate certification is required for WBE and DB contractor status; forms may be obtained from the Office of Engineering Support.

***Name of Company making application**

EXPERIENCE QUESTIONNAIRE

Submitted to Secretary of Transportation

by _____

Principal office at _____

- Individual
- Partnership
- Corporation

1. How many years has your organization been in business as a highway 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 Sub-Contractor? _____
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 there-fore:

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 therefore: _____

6. In what other lines of business are you financially interested? _____

7. Has your firm ever been denied prequalification from this state or any other state, or in any federal project? _____ If so, where and why? _____
8. Has your firm ever been removed from approved bidders list in this state or any other state, or from the federal government list? _____ If so, where and why? _____

9. Has any officer or partner of your organization been an officer or partner of some other organization that has been denied prequalification, or removed from the approved bidders list from this state or any other state, or the federal government list? _____ If so, where and why? _____

EXPERIENCE QUESTIONNAIRE - Continued

10. List all company principals, officers, partners, or other companies or organizations owning any part of the applicants firm.

Individual's or Company's Name	Percent Ownership in Applicant Firm	Title and Remarks
Total	100%	

11. Does any officer of Applicant's firm have a financial interest in any/or serve as an officer, partner, or owner (in whole or in part) of any other firm prequalified to bid in this state or any other state or federal government list? _____ If so, who in the firm, and with which prequalified firm?

EXPERIENCE QUESTIONNAIRE - Continued

15. What is the construction experience of the principal individuals of your organization.

Individuals' Name	Present Position or Office	Years of Const. Exp.	Magnitude and Type of Work	In What Capacity?

16. **CURRENT QUALIFICATION IN OTHER STATES**

STATE	AMOUNT	STATE	AMOUNT

The undersigned principal certify that all information submitted in this application is true and accurate. I further understand that any false deceptive, or fraudulent statements made in this application is cause for disqualification as a bidder by K.D.O.T.

Subscribed before me this _____
 day of _____, 20 ____

 Name

 Notary Public

 Title

(SEAL)

 Date

My Commission expires _____

(Out of State Contractors Only)

CONTRACTOR'S CERTIFICATE
(Corporation)

KNOW ALL MEN BY THESE PRESENTS, That the _____
a corporation organized and existing under the laws of the State of _____, and having its
principal place of business at _____, and having authority to do business in
Kansas, and maintaining a permanent office at _____, _____, Kansas,
(Address) (City)
and having _____ in charge, does hereby constitute and appoint
_____, whose residence address is _____ Street in said city,
county and state, its true and lawful process agent for it and in its stead to accept service of any process or notice
in any civil action issued by any court of record or justice of the peace; and it is agreed that the service of such
process or notice upon the person above designated in any civil action shall be as effectual and complete as if
service of such process were made upon the said contracting company or corporation itself.

IN WITNESS WHEREOF, the said _____
has hereunto caused its corporate name to be signed and its corporate seal to be affixed by its _____,
all being done in the City of _____, and State of _____, on this _____ day of
_____, 20 _____.

Contractor

By _____

(Official Title)

SUBSCRIBED BEFORE ME THIS _____ day of _____, 20 ____.

(SEAL)

Notary Public

My commission expires _____

(Out of State Contractors Only)

**CONTRACTOR'S CERTIFICATE
(Individual or Co-Partnership)**

KNOW ALL MEN BY THESE PRESENTS, That _____

doing business as _____

and resident of _____, State of _____, maintaining a permanent office at _____

(Address)

_____, _____, Kansas said office being in charge of _____, does

hereby constitute and appoint _____ whose residence address is _____

Street in said city, county and state, his/their true and lawful process agent for him/them and his/their name and
stead to accept service of any process or notice in any civil action issued by any court of record or justice of the
peace; and it is agreed that the service of such process or notice upon the person above designated in any civil
action shall be as effectual and complete as if service of such process were made upon the said contractor or
contracting company itself.

IN WITNESS WHEREOF, the said _____ has hereunto
set _____ hand _____, this _____ day of _____, 20 ____.

Contractor

By _____

(Official Title)

SUBSCRIBED BEFORE ME THIS _____ day of _____, 20 ____.

(SEAL)

Notary Public

My commission expires _____