Local Agency Contractor Prequalification Questionnaire and Affidavit for Region Ad and Award Contracts ($100,000 or Less)

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<td>Date</td>
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<td>Submitted By</td>
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<td>Business License No.</td>
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<td>Telephone No.</td>
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Prequalification Requested For (Identify project by advertised name)

What is the Value of Your Firm’s Assets (Net Worth)?  $

List Two Similar Projects Your Firm Has Completed in the Last Year. Give Owner’s Name and Telephone Number.

1. Owner:                     Telephone No.:  
2. Owner:                     Telephone No.:  

Were the projects listed above completed on time?  

Yes  No

Does your firm owe any monies on any projects which were completed within the last year? (If Yes, provide a separate statement.)  

Yes  No

Have you or your firm been convicted of any criminal act involving a contractor or contracts? (If Yes, provide a separate statement.)  

Yes  No

**Affidavit**

State of Anniversary State (Be Exact):  

The undersigned, being duly sworn, deposes and says that the foregoing is a true statement of facts concerning the firm (or individual herein named). As of the date indicated: that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the  to award the firm (or individual) a contract and that the depository, vendor, or other agency herein named is hereby authorized to supply  or its agents with any information necessary to verify this statement.

Authorized Signature  

Authorized Signature  

Authorized Signature  

Sworn to before me this  

day of  , 20  

(Notary Public)  

Corporate Seal(s)

Notary Seal

Approved By  

Region Administrator  

Date  

DOT Form 272-063A EF 07/2011