



**SOUTH CAROLINA DEPARTMENT of  
TRANSPORTATION**

**PRIME CONTRACTOR PREQUALIFICATION APPLICATION**

**for**

**HIGHWAY CONSTRUCTION PROJECTS**

**SUBMIT THE COMPLETED APPLICATION TO:**

**Director of Construction  
South Carolina Department of Transportation  
955 Park Street, Room 332  
Columbia, South Carolina 29201**

**For questions concerning prequalification with SCDOT, contact SCDOT  
Prequalification Coordinator at (803)737-2043 or send e-mail to [prequal@scdot.org](mailto:prequal@scdot.org).**

**LONG FORM CA-1L, Rev. December 2024**

## NOTICES

The term "your Company" or "the Company" used in this application is the business entity seeking prequalification with the South Carolina Department of Transportation.

Before submitting a bid for work let to contract by the SCDOT, all prime contractors must be prequalified in accordance with South Carolina Code of Regulations, 63-300 through 63-307.

The requirements for prequalification are outlined in Subsection 102.1 of the SCDOT 2007 Standard Specifications. A copy of this manual may be found on the following SCDOT web page:

[https://www.scdot.org/business/pdf/2007\\_full\\_specbook.pdf](https://www.scdot.org/business/pdf/2007_full_specbook.pdf)

The policies and procedure for prequalification are outlined in a document entitled Policies & Procedures for Prime Contractor Prequalification, which can be found on the following SCDOT web page:

[https://www.scdot.org/business/pdf/contractor/Policies\\_Procedures\\_for\\_Prequalification.pdf](https://www.scdot.org/business/pdf/contractor/Policies_Procedures_for_Prequalification.pdf)

There are two SCDOT Prequalification forms; the Long Form CA-1L and the Short Form CA-1S. First-time prequalifiers or contractors whose prequalification has expired should use the Long Form. Contractors renewing their prequalification will use the Short Form..

The SCDOT relies upon the bidder's bonding company to determine the bidder's financial capacity to accomplish the work being bid. **THEREFORE, DO NOT SUBMIT ANY FINANCIAL DOCUMENTS WITH THIS PREQUALIFICATION APPLICATION.**

All questions must be fully answered. If questions are left unanswered or not fully answered, requested documents or information not provided, or required initials or signatures omitted, the application will not be processed until the missing information is submitted by the Contractor. Delays caused in obtaining missing information are the sole liability of the Contractor.

If there is a question that does not apply, enter "**Not Applicable**" or "N/A." If additional space is required to complete an answer, use additional pages and securely attach them to the application. If information is provided on added pages, they must include all the requested information, be properly referenced, and securely attached to the application. The attachments shall be considered covered by the affidavit and its oath.

## BIDDING WITH SCDOT

Unless otherwise stated in the letting advertisement, only electronic bids submitted through the electronic bidding service, Bid Express, will be accepted. To submit an electronic bid through Bid Express, a bidder must:

1. Subscribe to Bid Express.
2. Download and install the free electronic bidding program, Expedite Bid, from Bid Express.
3. Obtain a Digital ID from Bid Express to view SCDOT letting information on Bid Express. The Contractor must furnish the SCDOT Vendor No. shown on the Prequalification Certificate to obtain the Digital ID from Bid Express.
4. Pay a Bid Express Bidding fee for bidding in South Carolina.

Allow 7 to 14 days for obtaining the preceding items from Bid Express. For information about procedures and fees for services from Bid Express, go to: [www.bidx.com](http://www.bidx.com).

## INSTRUCTIONS

### THE FOLLOWING DOCUMENT MUST BE SUBMITTED WITH THE APPLICATION:

1. Using the link below, please provide the requested information for subcontractors that have furnished quotes to your Company for subcontract work in relation to bids, which your Company has submitted ON SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION PROJECTS during the past 12 months.

List all subcontractors that have furnished quotes even if your Company was not successful in obtaining the Contract or even if your Company gave no work to the subcontractor. A subcontractor that has quoted multiple times need only be listed once.

<https://www.scdot.org/business/docs/contractor/Annual-Subcontractors-List.xlsx?v=4>

**Please be advised** that the Contractor's Prequalification Certificate will be withheld until the SCDOT Prequalification Coordinator receives their annual Subcontractor List. Spreadsheet needs be emailed to: [prequal@scdot.org](mailto:prequal@scdot.org)

2. Attach a copy of **ONE** of the following:

- a. A copy of an **EMR** (Experience Modification Rate) Notification sheet from the National Council of Compensation Insurance (NCCI) showing the **Company Name**, **EMR**, and **Effective Date of the EMR** (date must be within 12 months of the submission of the prequalification application).
- b. A statement from your Workers Compensation agent or carrier, on their letterhead, that includes the **Company Name**, **EMR**, and **Effective Date of the EMR** (date must be within 12 months of the submission of the prequalification application).
- c. If an EMR has not been issued, attach a copy of a letter from your Workers Compensation insurance agent **stating the reason an EMR has not been issued and the effective date of the Worker's Compensation Policy**.

### **ALL ATTACHED PAGES MUST BE CLEARLY LABELED AND IDENTIFIABLE.**

If approved, the SCDOT will issue a Prequalification Certificate to the Contractor. The certificate will have a Vendor Number and an Expiration Date. To maintain uninterrupted prequalification, a new prequalification application must be submitted before the Expiration Date on the certificate.

If prequalification is not renewed before the Expiration Date, the Contractor will be considered a new applicant and may not bid on SCDOT projects until a Long Form prequalification application is approved.

### **SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY RESULT IN DENIAL OF PREQUALIFICATION**

**SOUTH CAROLINA DEPARTMENT of TRANSPORTATION**  
**PRIME CONTRACTOR PREQUALIFICATION APPLICATION**  
**for**  
**HIGHWAY CONSTRUCTION PROJECTS**

(When filling-in this application on-line, hover the cursor over the field for help.)

1. The company's status with SCDOT in regards to Pre-qualification is: (choose one)

Pre-qualification status:

2. The full legal Name of the Company:

3. Name and telephone number (including Area Code and Extension) of a Contact Person for questions concerning the preparation and information in this application:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Date Prepared: \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. Company's street address to which letters and packages can be sent using a delivery service:

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Company's US Post Office Box, if applicable, for letter size documents: PO Box: \_\_\_\_\_

City: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Company's Main Telephone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_

7. Contact person's company E-Mail: \_\_\_\_\_

8. Federal Employer ID No. (FEIN): \_\_\_\_\_

9. SAM Unique Entity ID (System for Award Management): \_\_\_\_\_

10. Since SCDOT only accepts bids through BID EXPRESS, an electronic bidding service, is the Company a subscriber to BID EXPRESS:

If No please explain why below:

**11. Name and telephone numbers (including Area Codes and Extension) of an Emergency Response Contact Person who will be available to take a call from SCDOT 24/7, and is authorized to mobilize Company personnel and equipment.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**12. List ALL the Officers of the Company in the table below:**

Full Name	Title or Position	Office Phone Number	E-Mail

**13. Is the Company prequalified for highway construction work as a Prime or Subcontractor with any State DOT other than the SCDOT?  If YES, provide information in the table below.**

State DOT	Prime, Sub, or Both	What Areas of Works and Limits (if any)

**14. How is the Company presently organized:**

**15. If the Company is a business Corporation, Limited Partnership, Limited Liability Partnership, or Limited Liability Company, under the laws of what State was it organized?**

**If the State is one other than SC, ATTACH a copy of the Certificate of Existence or other similar document issued by the Secretary of State of the foreign State.**

16. If the Company is a business Corporation, Limited Partnership, Limited Liability Partnership, or Limited Liability Company, has it filed the required documents with the SC Secretary of State to transact business in South Carolina?

**If NO, be aware that the Company must file appropriate documents with the South Carolina Secretary of State before beginning work on a SCDOT project.**

17. Does the Company owe delinquent taxes to the State of SC or to any County or Municipality in SC?

18. Check the box where the Company's gross receipts would fall for the last full fiscal year:

19. Company's latest Experience Modification Ratio (EMR or E-Mod) used by the Works Compensation insurance carrier to modify the Company's premiums: \_\_\_\_\_

EMR was issued by:  Effective Date of EMR: \_\_\_\_\_

Name of Worker's Compensation insurance carrier: \_\_\_\_\_

Name of Insurance Agency: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Attach a copy of the latest EMR notification and worksheets from the National Council of Compensation Insurance (NCCI), State Insurance Board or Commission, or Insurance Agent. The notification MUST show the Company's Name, EMR, and Effective Date of the EMR. If the Company does not qualify for an EMR, attach a copy of a letter from the Company's Workers Compensation Insurance Agent or Carrier stating the reason why the Company does not qualify for an EMR. The letter must include the Effective Date of the Workers Compensation Policy. A **PREQUALIFICATION WILL NOT BE PROCESSED WITHOUT ONE OF THESE TWO SUBSTANTIATING DOCUMENTS.****

20. Name of the last Surety company used by the Company: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Ext.: \_\_\_\_\_

21. Has the Company done work for the SCDOT as a prime contractor or a subcontractor under another name or names?

If YES, what other names:

22. Has the Company done roadway construction work?

23. Please provide the date that the company was established?

24. How many years of experience does the Company have working as a Subcontractor? \_\_\_\_\_

25. Does the Company have a current General Contractor's or Mechanical Contractor's license issued by the SC Department of Labor, Licensing, and Regulation?

If YES, provide the License Number: \_\_\_\_\_

Classifications and Limits: \_\_\_\_\_

Name of Qualifying Person(s): \_\_\_\_\_

26. If the Company is a painting Contractor, answer this question, otherwise, skip to next question. Please select which certificate is the most current and provide a copy of your selection:

Select a Certificate:

27. In order to evaluate the Company's manpower, provide the following information:  
(DO NOT INCLUDE Officers or Administrative personnel unless they actually perform the duties of the job titles and work in the Company's Construction Division.)

How many employees are in the Construction Division of the Company? \_\_\_\_\_

28. In the following table, provide the Name, Length of Time Employed (with the Company), and Years of Construction Experience of the three most experienced Project Managers, Estimators, Field Superintendents, and Foremen. DO NOT SUBMIT RESUMES IN LIEU OF THIS TABLE

NAME (First Name, MI, Last Name)	Length of Time with Company	Years of Construction Experience
<b>Projects Managers</b>		
<b>Estimators</b>		
<b>Field Superintendents</b>		
<b>Foremen</b>		

**Note: For questions 29-36, if you answer 'Yes', please submit a separate page for each instance with complete details at the end of this application.**

29. Has the Company ever failed to complete a construction contract or project for the SCDOT or any Federal, State, County, Municipal, or any other government agency?

30. Has any principal of the Company ever owned an interest in a company that failed to complete a construction contract or project for SCDOT or any Federal, State, County, Municipal, or any other government agency?



31. Is the Company, its parent, affiliate, or subsidiary company presently suspended, disqualified, debarred, or prohibited from working or bidding with the SCDOT or any Federal, State, County, Municipal, or any other government agency?
32. Is any principal of the Company presently suspended, disqualified, debarred, or declared ineligible to do business with the SCDOT or any Federal, State, County, Municipal, or any other government agency?
33. In the past three (3) years, has any person or company referred to in Questions 30, 31, 32, or 33 been indicted for, pled guilty to, pled nolo contendere to, or convicted of violation of an Antitrust law or of an act prohibited by a state or federal law committed in any jurisdiction of the United States involving fraud, collusion, or conspiracy with respect to bidding on or the performance of a public contract?
34. Is any person or company referred to in Questions 30, 31, 32, or 33 currently serving a sentence or owe restitution as a result of a violation of any acts or omissions prohibited by any State or Federal law with respect to bidding on or performing a public contract?
35. In the past three (3) years, has any person or company referred to in Questions 30, 31, 32, or 33 been indicted for, pled guilty to, pled nolo contendere to, or convicted of crimes including, but not limited to: fraud deceit, embezzlement, theft, forgery, bribery, falsification or destruction of records, bid rigging, price fixing, making false statement, receiving stolen property, anti-trust violations, making false claims, or making any unlawful payment or gratuity, obstruction of justice, or conspiracy to commit such violations of ethical standards?
36. Is the Company under the protection of a Bankruptcy Court, or does the Company have a pending petition in a Bankruptcy Court, or has there been an assignment for the benefit of creditors?
37. Has the Company ever been under investigation for collusion or bid rigging?   
If YES, attach a page with complete details. Include whether or not indictments resulted.
38. Was there ever a contract on which the Company bid, did not win, but ended up working as a subcontractor to the winning bidder?

**39. Does the Company have subsidiary, affiliate, and/or parent companies that do business in the highway construction or contracting industry?**

**If YES, enter parent's, affiliate's, or subsidiary's name, city, and state or foreign country in boxes below. (Use the pull down list to choose Parent, Affiliate, or Subsidiary)**

Name and Address



Is it Prequalified with SCDOT?

Name and Address



Is it Prequalified with SCDOT?

Name and Address



Is it Prequalified with SCDOT?

Name and Address



Is it Prequalified with SCDOT?

Name and Address



Is it Prequalified with SCDOT?

Name and Address



Is it Prequalified with SCDOT?

**40. Provide the names of the individuals (internal and external) or companies that have a financial holding of more than five percent (5%) in the Company, and give the amount (%) of the holding.**

Name of Person or Company (If Person, First Name, MI, Last Name)	Amount (%) of Financial Holding

41. Is the Company currently certified as a Disadvantaged Business Enterprise (DBE) or a Disadvantaged Woman's Business Enterprise (DWBE) certified by the South Carolina Unified Certification Program?  If YES, choose one:

List certified work areas in the box below:

42. Has the Company ever failed to meet a DBE or DWBE contract goal?

If YES, attach a page with complete details. Include whether or not penalties were assessed.

43. Is the Company currently certified by the SCDOT as a Small Business Enterprise (SBE)?

44. Does the Company have ownership in a quarry, asphalt plant, or liquid AC terminal?

If YES, attach a page with complete details. Include name of facility, location, products, other owners, how long has the company been the owner, do you sell material to other contractors?

45. What is the name, title, and address of the Officer in the Company who is designated to receive the Company's Contractor Performance Score (CPS):

The Officer named above, is required to HAVE read the online document entitled CPE POLICIES & PROCEDURES, which is available on the SCDOT Internet website using the following link:

[https://www.scdot.org/business/pdf/contractor/CPE\\_Policies\\_&\\_Procedures.pdf](https://www.scdot.org/business/pdf/contractor/CPE_Policies_&_Procedures.pdf)

On page 15 of this application, the officer designated above must sign a notarized statement, which states that the Officer has read and fully understands the affect that the CPE POLICIES & PROCEDURES may have on the Company's ability to bid on SCDOT projects.

46. In the table below, enter the **NUMBER OF PIECES** of each type of operational construction equipment that is owned or leased by the Company. This table must be filled in, attachments are not accepted.

Type of Equipment	O	L	Type of Equipment	O	L	List Addition Equipment (if required)		
						Type of Equipment	O	L
Truck w/Aerial Lift			Pugmill					
Truck w/pole trailer			Joint/Crack Sealer					
Truck, Articulated			Rock Crusher					
Truck, Dump			Rock Saw					
Truck, Flatbed			Roller, Rubber-Tire					
Truck, Off-Road Dump			Roller, Sheepsfoot					
Truck, Pickup			Roller, Vibratory					
Truck, Service/Lube/Fuel			Aerial Lift					
Truck, Tanker			Air Compressor					
Truck, Tractor Traile			Barge/Safety Boat					
Truck, Utility/Box			Br. Deck Snooper					
Truck, Water			Crane, Rubber Tire					
Trailer, Cable/Wire			Crane, Track					
Trailer, Equipment			Concrete Breaker					
Trailer, Lowboy			Generator					
Trailer, Pole			Jack Hammer					
Trailer, Utility			Industrial Heater/Cooler					
Backhoe, Rubber Tire			Pile Driving Equipment					
Backhoe, Track			Jack & Bore Equipment					
Bulldozer			Pipe Fusion Machine					
Drag-Line			Pipelayer					
Milling Machine			Trench Box					
Motor Grader			Trencher					
Pulverizer			Cultivator/Tractor					
Road Widener			Hydroseeder					
Scraper/Pan			Logging/Clearing Equip.					
Skip Loader			Mower					
Soil Stabilizer			Chipper					
Asphalt Paver			Tub Grinder					
Asphalt Plants			Bridge Painting Equipment					
Grinder			Dust/Paint Contain. Equip.					
Reclaimer			Sand/Shot/Water Blaster					
Sweeper/Broom			Skid Steer/Bobcat					
Liquid Asphalt Sprayer			Crack Sealing Equipment					
Chip Distributer			Line Painting Equipment					
Cold Planer			Arrowboard					
Concrete Barriers			Message Board					
Concrete Batch Plant			RPM Application Equip.					
Concrete Br. Deck Screed			Thermoplastic Applicator					
Concrete Deck Finisher			Truck-Mounted Attenuator					
Concrete Dowel Bar Drill			Light Tower					
Concrete Floats			Power Washer					
Concrete Forms			Snow Plow					
Concrete Mixer, Truck			Motar Mixer					
Concrete Mixer, Portable			Forklift					
Concrete Slipform Paver			Storage Container					
Slipform, Curb/Barrier			Tool Storage Container					
Concrete Pump			Construction Office/Trailer					

**WORK CODES FOR CONTRACTOR WORK EXPERIENCE FOR USE IN QUESTIONS 48, 49, & 50  
(USE ONLY WORK CODES FOR WORK PERFORMED BY YOUR COMPANY'S OWN FORCES AND EQUIPMENT)**

Code	Roadway Experience	Code	Highway Structures Experience	Code	Miscellaneous (Continued)
2	Road Construction - New	40	Bridges - New	68	Fencing
3	Roadway Widening	41	Bridge Replacement & Apprs.	69	Hardscapes or Streetscapes
4	Asphalt Paving & Resurfacing	42	Bridge Rehab & Widening	70	Hauling Construction Material
5	Asphalt Surf. Treat. (Chip Seal)	43	Bridge - Emergency Repair	71	Hazardous Material Removal
6	Full Depth Reclamation	44	Bridge Cleaning and Painting	72	Horizontal Jacking & Boring
7	Base & Subbase Work	45	Bridge Jacking	73	Impact Atten. / Crash Cushions
8	Catch Basins, Manholes, etc	46	Bridge Joint Install. or Repair	74	Landscaping & Planting
9	Clearing and Grubbing	47	Concrete Patching - Structures	75	Milled-In Rumble Strips
10	Concrete Paving - Roadway	48	Dredging or Channel Clearing	76	Mowing or Vegetation Control
11	Concrete Rdwy Joint Seals	49	Drilled Shafts or Pile Foundation	77	Noise Barriers
12	Concrete Sdwks & Driveways	50	Mech. Stabilized Earth Walls	78	Overhead Sign Structures
13	Crack Sealing - Asphalt Rdwy	51	Non-AC Overlay - Br. Decks	79	Drainage & Pipe Installation
14	Curb or Curb & Gutter	52	Pile or Drilled Shaft Testing	80	Shotcreting
15	Roadway Excavation & Grading	53	Rebar - Placing & Tying	81	Sand, Shot, or Water Blasting
16	Asphalt Roadway Patching	54	Retaining Walls - CIP	82	Soil Stabilization
17	Concrete Roadway Patching	55	Structure Excavation	83	Traffic Control Services
18	Guardrail - Stl Bm or Cable Barr.	56	Structure Removal	84	Waterproof. - Substr. or Deck
19	Macro-surfacing	57	Temporary Bridges	85	Railroad Construction
20	Micro-surfacing	58	Culverts - New	90	Airport Runways & Taxiways
21	Milling & Grinding	59	Culverts - Replacement	91	Building Demolition & Removal
22	Pavement Markings		Miscellaneous Experience	92	Buildings - New or Rehab.
23	Raised Pavement Markers	60	Brick, Block, Stone Masonry	93	Site Prep
24	Roller Compacted Concrete	61	Camera & ITMS Cable	94	Concrete Work - Non-Rdwy
25	Roadway Lighting	62	Cofferdams & Sheetpiling	95	Industrial Painting
26	Traffic Signals	63	Concrete Barriers - CIP	96	Marine Docks, Fenders, etc
27	Traffic Signs - Permanent	64	On call services	97	Paving & Resurf. - Non-Highway
28	Perm. or Temp. Vegetation	65	Environmental Mitigation	98	Public Utilities Install & Repair
29	Shoulder Widening	66	Epoxy/Grout Crack Injection	99	Storm Debris Remove
30	Design-Build Projects	67	Erosion Control	100	Water or Sewer Plants

**Note: The Department will assign the work experience classification of General Contractor based on diversity of experience and the number and size of completed projects.**

**PLEASE DO NOT REMOVE THIS PAGE FROM THE APPLICATION**



**48. As of the date of the preparation of this application list the LAST FIVE (5) construction projects the Company has completed as a prime contractor OR a subcontractor.**

**This table must be filled-in or only a table with the same headings may be substituted.**

<b>Contract Dollar Amount</b>	<b>Worked as a Prime or Subcontractor</b>	<b>Type of Work Performed (use codes)</b>	<b>Date Company's Project Work Completed</b>	<b>Name of Project Owner (Contact Person's Name, Address, and Telephone Number)</b>	<b>Project Reference File or No.</b>

**49. List the THREE (3) LARGEST construction projects in the history of the Company that were completed as a prime contractor OR a subcontractor Do not include projects listed in Question 48.**

**This table must be filled-in, or only a table with the same headings may be substituted.**

<b>Contract Dollar Amount</b>	<b>Worked as a Prime or Subcontractor</b>	<b>Type of Work Performed (use codes)</b>	<b>Date Company's Project Work Completed</b>	<b>Name of Project Owner Contact Person: Name Address Telephone No.</b>	<b>Project Reference File or No.</b>





**The following information must be provided per the FHWA's new DBE Final Rule. You can find more information on this policy by copying and pasting the URL below into your browser.**  
**[https://www.ecfr.gov/current/title-49/subtitle-A/part-26/subpart-A/section-26.11#p-26.11\(c\)\(2\)](https://www.ecfr.gov/current/title-49/subtitle-A/part-26/subpart-A/section-26.11#p-26.11(c)(2))**

**52. Race/Ethnicity of company's majority owner:**

**53. Gender of company's majority owner:**

**AFFIDAVIT**

**Note: The name of the person being sworn and executing this Affidavit must be in the table in Question 50, on the previous page, and must have authority to approve, sign, and execute Code 1 documents as defined on the preceding page.**

\_\_\_\_\_, BEING DULY SWORN, IS DEPOSED AND SWEARS THAT HE/SHE IS AUTHORIZED TO EXECUTE THIS AFFIDAVIT FOR AND ON BEHALF OF THE APPLICANT COMPANY, AND THE ANSWERS TO THE FOREGOING QUESTIONS, AND FURTHER THAT ALL STATEMENTS HEREIN CONTAINED, TRUE AND ARE CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.

Sworn and subscribed to before me on  
this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
\*\*(Notary Public Signature above)

\*\*Notary cannot be an Officer of the Company

\_\_\_\_\_  
(Print Name of Applicant Company)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title)

\_\_\_\_\_  
(Print Notary Public Name above)

Notary Public for

County of \_\_\_\_\_

State of \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

Notary Public seal is not required if all Notary information lines are filled out.

**ACKNOWLEDGEMENT**  
**of the**  
**SCDOT CONTRACTOR PERFORMANCE EVALUATION**  
**POLICIES and PROCEDURES**

**By signing this form as an Officer of the Company named below, I have read and fully understand and acknowledge the SCDOT Contractor Performance Evaluation Policies and Procedures document posted on the SCDOT Internet website; and further, that I fully understand its impact on the Contractor's ability to bid on SCDOT construction projects.**

---

**(Print the Name of the Company)**

---

**(Print Name of Officer)**

---

**(Print Title of Officer)**

---

**(Signature of Officer)**

**NOTICE: Notary cannot be an Officer  
of the Company.**

Subscribed and sworn to before me

on \_\_\_\_\_ 20 \_\_\_\_\_

---

Print the Name of Notary

---

Signature of Notary

Notary Public for

County of \_\_\_\_\_,

State of \_\_\_\_\_

My Commission Expires:

on \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Public seal is not required if all Notary  
information lines are filled out.**

**ACKNOWLEDGEMENT  
of the  
PRIME CONTRACTOR'S RESPONSIBILITIES**

**IF THERE IS ANY CHANGE TO THE INFORMATION PROVIDED IN THIS APPLICATION AFTER IT HAS BEEN SUBMITTED, IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO SUBMIT A WRITTEN DOCUMENT ADVISING THE DIRECTOR OF CONSTRUCTION'S OFFICE OF THE CHANGE WITHIN FIFTEEN (15) DAYS OF THE OCCURRENCE OF THE CHANGE.**

**IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO RENEW ITS PREQUALIFICATION BEFORE THE EXPIRATION DATE OF THE CURRENT CERTIFICATE.**

**By signing this form as an Officer of the Company, I acknowledge and accept the responsibilities stated above on behalf of the Company named below:**

---

(Print Name of Company)

---

(Print Name of Officer)

---

(Print Title of Officer)

---

(Signature of Officer)

**NOTICE: Notary cannot be an Officer  
of the Company.**

Subscribed and sworn to before me

on \_\_\_\_\_ 20 \_\_\_\_\_

---

Print the name of Notary

---

Signature of Notary

Notary Public for

County of \_\_\_\_\_,

State of \_\_\_\_\_

My Commission Expires:

on \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Public seal is not required if all Notary  
information lines are filled out.**