



**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)**

**SHORT FORM CA-1S, 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 for Highway Construction. A copy of this manual may be found on the following Internet 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 and Procedures for Prequalification of Prime Contractors, 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:**

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**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.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**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. Name and telephone numbers (including Area Codes and Extensions) 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:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

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

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

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

11. Company's latest Experience Modification Ratio (EMR or E-Mod) used by the Workers

Compensation insurance carrier to modify the Company's premiums: \_\_\_\_\_

EMR 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 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.**

12. 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 on-line 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 10 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 and procedures may have on the Company's ability to bid on SCDOT projects.

13. 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 below:

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

**Note: For questions 15-20, if you answer 'Yes', please submit a separate page for each instance with complete details at the end of this application.**

15. In the past year, has the Company failed to complete a construction contract or project for the SCDOT or any Federal, State, County, Municipal, or any other government agency?
16. Does any principal of the Company own an interest in a company that failed to complete a construction contract or project for the SCDOT or any Federal, State, County, Municipal, or any other government agency?
17. 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?
18. 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?
19. In the past year, has any person or company referred to in Questions 15, 16, 17, or 18 been indicted for, pled guilty to, pled nolo contendere to, or convicted of violation of an Antitrust law or of acts or omissions 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 public contracts?
20. 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?
21. Does the Company owe delinquent taxes to the State of SC or to any County or Municipality in SC?
22. Please choose where the Company's gross receipts would fall for the last full fiscal year:
23. 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?
24. 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:

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

Full Name	Title or Position	Office Phone Number	E-mail Address

**26. In the table below, provide the names of people who are authorized to approve, sign, and execute on behalf of the Company the type of documents in the list below . Document Type Code Nos.:**

- 1 - Organization's Statement of Experience and Equipment**
- 2 - Bid Proposals, Contracts, and Bonds**
- 3 - Change Orders/Supplemental Agreements**
- 4 - Force Account Agreements**
- 5 - Project Closeout**

**There must be AT LEAST ONE (1) individual for each Document Code.**

Full Name	Title	Office Phone Number	E-mail Address	Document Code

**27. Please enter the names and emails below of the individual(s) who can receive contract information (This person will receive contract specific system automated notifications, if awarded a contract). This individual will be categorized as the Contract Officer for the Company.**

**Name(s):**

**Email(s):**

**28. 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

**29. 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 the boxes below.  
(Use the pull down list to choose Parent, Affiliate, or Subsidiary)**

<input type="text"/>	
Is it Prequalified with SCDOT? <input data-bbox="115 1035 290 1079" type="text"/>	

<input type="text"/>	
Is it Prequalified with SCDOT? <input data-bbox="899 1035 1075 1079" type="text"/>	

<input type="text"/>	
Is it Prequalified with SCDOT? <input data-bbox="115 1274 290 1318" type="text"/>	

<input type="text"/>	
Is it Prequalified with SCDOT? <input data-bbox="899 1274 1075 1318" type="text"/>	

<input type="text"/>	
Is it Prequalified with SCDOT? <input data-bbox="115 1530 290 1575" type="text"/>	

<input type="text"/>	
Is it Prequalified with SCDOT? <input data-bbox="899 1530 1075 1575" type="text"/>	



# AFFIDAVIT

**Note: The name of the person being sworn and executing this Affidavit must be in the table in Question 25, 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, DEPOSES AND SAYS 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, ARE TRUE AND 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 Notary Public Name above)**

**Notary Public for**

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

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

**My Commission Expires:**

\_\_\_\_\_

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

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

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

\_\_\_\_\_  
**(Title)**

**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.**

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

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**(Print the Name of the Officer)**

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**(Print the Title of the Officer)**

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**(Signature of the Officer)**

Subscribed and sworn to before me

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

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

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Print the Name of Notary

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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:**

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

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**(Print the Name of the Officer)**

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**(Print the Title of the Officer)**

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**(Signature of the Officer)**

Subscribed and sworn to before me

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

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

\_\_\_\_\_  
Print the name of Notary

\_\_\_\_\_  
Signature of Notary

Notary Public for

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

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

My Commission Expires:

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