

Illinois Department of Transportation Qualification and Equipment Inventory Certification Form

The undersigned authorized representative of Bidder certifies that the attached qualification information provided to the Department is true and correct, and that it is submitted with the understanding that the Department will use and rely upon the accuracy and currency of the information in the evaluation of Bidder's responsibility for award of this public contract.

Bidding Organization

Signature

Date

Printed Name

Title

Address

City/State

Zip Code

Telephone

Facsimile

E-mail

Bidders that are currently prequalified by the Department are cautioned that they must complete these forms.

PART I
Business and Directory Information

- (a) Name of business (official name and assumed names): _____
- (b) Business headquarters: _____
Address: _____
Telephone: _____ Facsimile: _____
- (c) Billing address: _____
- (d) Type of organization (Sole Proprietor, Corporation, Partnership, etc. – should be the same as on the Taxpayer ID form Part V): _____
- (e) State of incorporation, State of formation or State of organization: _____
- (f) If a division or subsidiary of another organization provide the name and address of the parent: _____
- (g) Businesses are affiliates when either one directly or indirectly controls or has the power to control the other, or, when a third party or parties controls or has the power to control both. In determining whether concerns are independently owned and operated and whether affiliation exists, consideration will be given to all appropriate factors, including the use of common facilities, common ownership and management and contractual arrangements. Identify all affiliated businesses and companies: _____

- (h) Description of business: _____
- (i) Length of time in business: _____
- (j) Number of full-time employees (average from most recent Fiscal Year): _____
- (k) Total annual sales and receipts for the most recently completed Fiscal Year including any parent and all related and affiliated organizations (tax returns for the relevant year may be required for verification): _____
- (l) Name and title of all officers/managers: _____

- (m) Identify and specify the location(s) and telephone numbers of the major offices and other facilities that would relate to performance under the terms of the contract if awarded: _____

- (n) Identify accounting firm: _____

- (o) The successful business will be required to register to do business in Illinois. If already registered, provide the date of the registration to do business in Illinois and the name of the registered agent in the State: _____

- (p) Business web site: _____
- (q) Is this business currently prequalified by the Department of Transportation? If yes, list all work ratings issued: _____

- (r) Has this business performed contracts awarded by the Department as prime contractor? If yes, list the three most recent: _____

- (s) Has this business participated as a subcontractor under contracts awarded by the Department? If yes, list the three most recent identifying the prime contractor: _____

PART II References

Provide references from established firms or government agencies, (four preferred; two of each type preferred) other than the Department, that can attest to your experience and ability to perform the work of the contract for which this bid is submitted. **Bidders that have current work ratings issued by the Prequalification Section need only list references for this contract if more than 50% of the work as determined by the advertised quantities is not covered by an issued work rating.**

(1) Government Agency (Name): _____
Contact Person Name: _____
Address: _____
Phone: _____ E-mail Address: _____
Types of services provided and dates provided: _____

(2) Governmental Agency (Name): _____
Contact Person Name: _____
Address: _____
Phone: _____ E-mail Address: _____
Types of services provided and dates provided: _____

(3) Private Firm (Name): _____
Contact Person Name: _____
Address: _____
Phone: _____ E-mail Address: _____
Types of services provided and dates provided: _____

(4) Private Firm (Name): _____
Contact Person Name: _____
Address: _____
Phone: _____ E-mail Address: _____
Types of services provided and dates provided: _____

PART IV
Department of Human Rights (DHR)
Public Contract Number

If the bidder has employed fifteen (15) or more full-time employees at any time during the 365-day period immediately preceding the publication of this invitation for bids, the bidder must have a current Public Contract Number or have proof of having submitted a completed application for one prior to the letting date. If the Department cannot confirm compliance, it will not be able to consider the bid or offer. Please complete the appropriate sections below.

Name of Company (and D/B/A): _____

DHR Public Contracts Number: _____

(Check if applicable) The number is not required because the company has employed 14 or less full-time employees during the 365-day period immediately preceding the publication of this invitation.

IF NUMBER HAS NOT YET BEEN ISSUED:

Date completed application was submitted to DHR: _____

Date of Expiration: _____

PART V
Taxpayer Identification Number

I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Name (Printed): _____

Taxpayer Identification Number:

Social Security Number _____

or

Employer Identification Number _____

Legal Status (check one):

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Estate or Trust |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tax-exempt | |

PART VI
**Information Regarding Terminations,
Litigation, Suspension and Debarment**

1. During the last five (5) years, has the Bidder had a contract for services terminated for any reason? _____ If so, provide full details related to the termination. _____

2. During the last (5) years, describe any damages or penalties or anything of value traded or given up by the Bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this invitation and the contemplated Contract. If so, indicate the reason for the penalty or exchange of property or services and the estimated amount of the cost of that incident to the Bidder. _____

3. During the last five (5) years, describe any order, judgment or decree of any Federal or State authority barring, suspending or otherwise limiting the right of the Bidder to engage in any business, practice or activity. _____

4. During the last five (5) years, list and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters that could affect the ability of the Bidder to perform the required services. The Bidder must also state whether it or any owners, officers, or primary partners have ever been convicted of a felony. Failure to disclose these matters may result in rejection of the bid or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of a bid, and with respect to the successful Bidder after the execution of a contract, must be disclosed in a timely manner in a written statement to the Department. _____

5. During the last five (5) years, have any irregularities been discovered in any of the accounts maintained by the Bidder on behalf of others? _____
If so, describe the circumstances of irregularities or variances and disposition of resolving the irregularities or variances. _____
