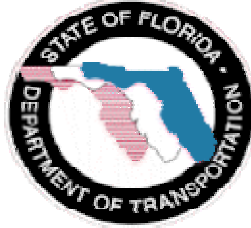


STATE OF FLORIDA
DEPARTMENT OF TRANSPORTATION
TALLAHASSEE, FLORIDA



CONTRACTOR QUALIFICATION FOR PORT OF MIAMI TUNNEL PROJECT
RFP - DOT - 05/06 - 600IDS

Submitted on _____, _____ Balance Sheet Date _____, _____

Applicant (company performing the work)

Applicant
Check all that apply
 Tunnel
 Bridge
 Other: _____

Email Address: _____
(to receive information about Port of Miami Tunnel Project)

Home Office Address _____

P. O. Box (if any) _____ P. O. Zip _____

City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____

Bidding Office Street _____

P. O. Box (if any) _____ P. O. Zip _____

City _____ State _____ Zip Code _____

Telephone Number () _____ Fax Number () _____

PURSUANT TO FLORIDA STATUTES, YOUR PREQUALIFICATION APPLICATION MUST BE FILED WITH THE CONTRACTS ADMINISTRATION OFFICE WITHIN FOUR MONTHS OF THE ENDING DATE OF YOUR AUDITED FINANCIAL STATEMENTS. FILING IS DEFINED AS RECEIPT OF THE APPLICATION WITH ACCOMPANYING AUDITED FINANCIAL STATEMENTS BY THE CONTRACTS ADMINISTRATION OFFICE.

MAIL COMPLETED FORMS TO:
Attention: Juanita Moore
Contracts Administration Office
Florida Department of Transportation
605 Suwannee Street, MS #55
Tallahassee, FL 32399-0455

Phone (850) 414-4000 Fax (850) 414-4947

If the four-month application deadline is a conflict with the procurement schedule, please contact Juanita Moore immediately.

PLEASE RETURN AN ORIGINAL AND ONE (1) COPY OF THE APPLICATION AND ALL ATTACHMENTS.
PLEASE BE ADVISED ALL INFORMATION MUST BE FILED IN DUPLICATE.

Amounts should be presented in United States Dollars (conversion rates of amounts in other currencies must be identified).

1 Notes Receivable Total \$ _____

List Totals for these categories:

Stockholders \$ _____

Officers \$ _____

Employees \$ _____

Unsecured Notes \$ _____

Have any of the above been discounted or sold? _____ If so, state amount, to who and reason:

2 Accounts receivable from completed contracts exclusive of claims not approved for payment \$ _____

Have any of the above been assigned, sold or pledged? _____ If so, state amount and to whom:

3 Accounts Receivable from Uncompleted Contracts:
(a) Amount receivable after deducting retainage \$ _____

(b) Retainage to date due upon completion of contract \$ _____

Have any of the above been assigned, sold or pledged? _____ If so, state amount and to whom:

4 Accounts receivable not from construction contracts Total \$ _____

List Totals for these categories:

Stockholders \$ _____

Officers \$ _____

Employees \$ _____

What amount, if any, is past due \$ _____

5 Deposits with bids or otherwise as guarantees \$ _____

		Book Value	Encumbrance
6	Real Estate		
	at Book Value		
	(a) Used in construction or highway contracting business*	\$ _____	\$ _____
	(b) Not used in construction or highway contracting business*	\$ _____	\$ _____

* Highway Contracting business is the construction of roads, bridges or public transportation projects, and includes the conducting of business necessary to accomplish work in the approved work classes applied for.

7 RECEIVABLES from Subsidiaries and Affiliates \$ _____

8 (a) INVESTMENTS in Construction-Related Subsidiaries and Affiliates \$ _____
 (b) INVESTMENTS in Non-Construction Related Subsidiaries and Affiliates \$ _____

* Highway Contracting business is the construction of roads, bridges or public transportation projects, and includes the conducting of business necessary to accomplish work in the approved work classes applied for.

9 For equipment valued over \$250,000, attach a list of equipment and the accompanying depreciation schedule for equipment that will be used on the POMT project or attach documentation showing equipment that will be leased and the leasing source.

10 (a) Total Book Value of Equipment Under Capital Lease \$ _____
 (b) Total Present Value of Equipment Capital Leases \$ _____

11 Total Book Value of Leasehold Improvements \$ _____

12 Accounts Payable (a) Total \$ _____
 (b) Amount Past due \$ _____

13 Contingent Liabilities

(a) Liability on notes receivable, discounted or sold \$ _____

(b) Liability on accounts, receivable, pledged, assigned or sold \$ _____

(c) Liability as guarantor on contracts or on accounts of others \$ _____

(d) Other Contingent Liabilities \$ _____

Total Contingent Liabilities \$ _____

14 STRUCTURE OF ENTITY

If a Co-Partnership

Date of Organization _____ State whether partnership is general, limited, or association _____

If a Corporation

State (or other location) Where Incorporated _____

Date Incorporated _____ Charter No./Doc. No. _____

If registered in Florida

Corporate Name Registered with Florida Secretary of State _____

1. How many years has your organization been operating under your present business name? _____
2. List all previous business names of your organization. _____
3. How many years experience in tunnel and major bridge construction does your organization have as a:
(a) Prime Contractor _____ (b) Subcontractor _____
4. Enter appropriate federal Employer Identification Number (EIN): _____
5. Attach a list of all officers and directors of your organization showing: **Name, Position or Title, Home Address, City State or Country, and Zip Code.**
6. Attach a list showing the following for all individuals, co-partnerships, companies, and/or corporations owning 10% or more of your organization (Applicant): **Name, Percent Owned, Home Address, City, State or Country, and Zip Code.**
7. Attach a list showing the following for all co-partnerships, companies, and/or corporations in which your organization has at least 10% ownership: **Name, Percent Owned, Home Address, City, State or Country, and Zip Code.**

PLEASE COMPLETE THE FOLLOWING QUESTIONS USING THE ABOVE DEFINITION OF "AFFILIATE" BELOW.

Florida Statute 337.165(1)(a) defines the term "affiliate" as follows: The term "affiliate" means a predecessor or successor of a contractor under the same, or substantially the same, control or a group of business entities which are connected or associated so that one entity controls or has the power to control each of the other business entities. The term "affiliate" includes the officers, directors, executives, shareholders active in management, employees and agents of the affiliate. The ownership by one business entity of a controlling interest in another business entity or a pooling of equipment or income among business entities shall be prima facie evidence that one business entity is an affiliate of another.

8. Attach a list showing the following for all affiliated companies (Include companies listed in Questions 6 and 7 as well as any additional companies): (: Name and Home Address, States Qualified In (if any), and FDOT Qualified (Yes or No).
9. Has the firm, an affiliate, an officer, a director, an agent, an employee or a member of your firm, or that of an affiliate ever been indicted, had a criminal information filed against it, pled guilty, plead nolo contendere, or been convicted of any act prohibited by state or federal criminal law which involves fraud, bribery, collusion, conspiracy, violation of state or federal antitrust laws, or material misrepresentation committed in any federal or state jurisdiction with respect to be public contract? Yes _____ No _____. If so, attach a list stating the following information: the name(s) of the individual(s) and/or organizations(s), where action(s) taken, date(s) of action(s), case number(s), and court(s) action(s) taken in.
10. Please state whether or not your company or any of its affiliates are presently barred or suspended from bidding or contracting on any state or federal-aid contracts in any state(s)? Yes _____ No _____. If so, attach a list stating the following information: the name(s) of the company(ies), state where barred or suspended, and the period(s) of debarment or suspension.

15 Based on the category for which your organization is applying, submit Form D-2 from the RFQ or attach a list of all tunnel or bridge contracts and subcontracts that your organization has completed in the past three (3) years, showing the following: **Dollar Amount of Work Performed, Type of Work, Year Completed, Where Located (City or Country), Name and Address of Owner.**

16 Attach resumes of the people that will be assigned to this project showing the tunnel or bridge construction experience of the principal supervisory construction personnel of your organization, including **Individual's Name, Present Position or Office, Magnitude and Type of Work, Years of Construction Experience, and In What Capacity.**

1. Have you ever failed to compete any work awarded to you? Yes ____ No ____ . If so, attach an explanation of where and why.
2. Has any officer or partner of your organization ever been an officer, partner or owner of some other organization that has failed to complete a construction contract? Yes ____ No ____ . If so, attach an explanation stating name of individual, other organization and reason therefore.
3. Is your firm under protection of the bankruptcy court, have pending any petition in bankruptcy court or made an assignment for the benefit of creditors? Yes ____ No ____ . If so, attach an explanation stating where the action was taken and date of action, case number, court and action.

AFFIDAVIT

State of _____
County of _____

_____, is
(title) _____ of the

_____ said applicant being duly sworn, deposes, and says that he is familiar with the books of the said applicant showing its financial position; that the foregoing financial statements are a true and accurate statement of the financial position of said applicant as of the date hereof; and, that the statements and answers to the interrogatories of the foregoing experience questionnaire are correct and true as of the date of this affidavit; and, that he understands that intentional inclusion of false deceptive or fraudulent statements on this application constitutes fraud; and, that the State of Florida considers such action on the part of the applicant to constitute good cause for denial, suspension or revocation of a Certificate for Qualification for bidding on State and Federal Aid highway projects let to contract by the State of Florida Department of Transportation.

Signature

Sworn to before me this ____ day of _____, _____ by _____ (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.

Notary's Signature

CORPORATE
SEAL
(If Applicable)

Notary's Printed Name

(SEAL)

My Commission Expires