

Bidder No: \_\_\_\_\_ Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by: \_\_\_\_\_

Deputy Director of Public Works

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2012  
CITY OF APPLETON  
BIDDERS PROOF OF RESPONSIBILITY

Prequalification of bidders is required in order to comply with provisions of Section 66.0901(2)(3) of the Wisconsin Statutes and to obtain approval for bidding on construction projects in the year 2012.

Bidders prequalification forms shall be filed with the City Clerk no later than FIVE (5) DAYS PRIOR to the opening of bids for which the bidder wishes to qualify.

**SEND COMPLETED FORM TO: OFFICE OF THE CITY CLERK  
100 NORTH APPLETON STREET  
APPLETON, WI 54911-4799**

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

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

City, State, Zip: \_\_\_\_\_

Telephone No.( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

**SPECIFY TYPE OF WORK:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asphalt – Site work                  | <input type="checkbox"/> Flooring                             | <input type="checkbox"/> Sewer & Water - Open Cut          |
| <input type="checkbox"/> Asphalt - Street Paving              | <input type="checkbox"/> General Contractor                   | <input type="checkbox"/> Sewer & Water - Tunneling         |
| <input type="checkbox"/> Bridge Construction                  | <input type="checkbox"/> Glass / Glazing / Windows            | <input type="checkbox"/> Sewer Cleaning / Televising       |
| <input type="checkbox"/> Bridge Repair                        | <input type="checkbox"/> HVAC                                 | <input type="checkbox"/> Sewer Lining / Rehabilitation     |
| <input type="checkbox"/> Carpentry                            | <input type="checkbox"/> Landscaping                          | <input type="checkbox"/> Sheet Metal                       |
| <input type="checkbox"/> Concrete - Patching / Flatwork       | <input type="checkbox"/> Lift Stations / Pumping Stations     | <input type="checkbox"/> Site Remediation                  |
| <input type="checkbox"/> Concrete - Street Paving             | <input type="checkbox"/> Marine Construction                  | <input type="checkbox"/> Snow Removal                      |
| <input type="checkbox"/> Concrete - Curb & Gutter             | <input type="checkbox"/> Masonry                              | <input type="checkbox"/> Specialty Equipment               |
| <input type="checkbox"/> Concrete - Structural / Poured Walls | <input type="checkbox"/> Mechanical                           | <input type="checkbox"/> Steel Erection                    |
| <input type="checkbox"/> Data / Communication Systems         | <input type="checkbox"/> Painting                             | <input type="checkbox"/> Street Lighting                   |
| <input type="checkbox"/> Demolition                           | <input type="checkbox"/> Pavement Marking                     | <input type="checkbox"/> Supplier: _____                   |
| <input type="checkbox"/> Electrical                           | <input type="checkbox"/> Pile Driving                         | <input type="checkbox"/> Temperature Controls              |
| <input type="checkbox"/> Elevators / Escalators               | <input type="checkbox"/> Playground Equipment                 | <input type="checkbox"/> Traffic Signals                   |
| <input type="checkbox"/> Environmental Services               | <input type="checkbox"/> Plumbing                             | <input type="checkbox"/> Trucking                          |
| <input type="checkbox"/> Excavation & Grading                 | <input type="checkbox"/> Precast Concrete - Supplier/Erection | <input type="checkbox"/> Valves / Pumps                    |
| <input type="checkbox"/> Fence Supplies / Installation        | <input type="checkbox"/> Process Piping                       | <input type="checkbox"/> Wall Coverings                    |
| <input type="checkbox"/> Fiber Optics / Telecommunications    | <input type="checkbox"/> Roofing                              | <input type="checkbox"/> Water Storage Tanks - Erection    |
| <input type="checkbox"/> Fire Protection                      | <input type="checkbox"/> Sandblasting                         | <input type="checkbox"/> Water Storage Tanks - Fabrication |
|   |   | <input type="checkbox"/> Well Construction / Testing       |

Other: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS.**

1. Are you a: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Trader \_\_\_\_\_
2. If incorporated, state date and where incorporated: \_\_\_\_\_
3. Years engaged in contracting business under present firm name? \_\_\_\_\_
4. What was the average number of personnel in your organization during the last 12 months?  
Office \_\_\_\_\_ Skilled \_\_\_\_\_ Unskilled \_\_\_\_\_
5. What is your bond limitation? \_\_\_\_\_
6. What bonding company usually furnishes your bond? \_\_\_\_\_
7. Have you ever been denied a bond? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, explain \_\_\_\_\_  
\_\_\_\_\_
8. Equipment. Attach a list of equipment owned by you.
9. Are any of your assets assigned? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, what are assigned?  
\_\_\_\_\_
10. Completed contracts. Attach a list of contracts which have been awarded to you in the last three (3) years. List shall include: Name, Owner, Amount, Architect/Engineer.
11. Contracts on Hand. Attach a list of present contracts including a schedule as to estimated completion date and gross amount of each contract.
12. Have you ever defaulted on a contract? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
13. List any additional information you feel is pertinent. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*State of Wisconsin*  
*County of* \_\_\_\_\_

*I have read the above and foregoing statement on behalf of* \_\_\_\_\_ *and hereby state*  
*(Bidders Name)*

*under oath that I am the* \_\_\_\_\_ *of* \_\_\_\_\_  
*(Title-Office Held) (Name of Organization)*

*and that the answers to the foregoing questions and all statements contained in the said Bidder's Pre-qualification Form are true and correct to the best of my knowledge.*

*Signed at* \_\_\_\_\_, *this* \_\_\_\_\_ *day of* \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Authorized Officer.*

*Subscribed and sworn to before this* \_\_\_\_\_ *day*  
*of* \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public, State of Wisconsin*

*--Seal--*

*My Commission expires:* \_\_\_\_\_