### State of Kansas - Contractor Pre-Qualification Application

Department of Administration, OFPM-DCC

This form must be filled out electronically and e-mailed to contractor.prequalification@da.ks.gov

We are no longer accepting applications via Fax or through USPS.

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| --- | --- | --- | --- |
|  | New Application |  | Re-submittal (\*See Below) |

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| --- | --- | --- | --- |
| I want to bid on  |  | Bid Date |  |
|  | List project name and number |  | List date of bid opening |

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| --- | --- | --- | --- |
| **Company Name:** |  | **FEIN:** |  |
| **Other Names the Company is known as:** |  | **Years in business:** |  |
| **Mailing Address:**Including PO Box |  |
| **Shipping Address:** |  |
| **Telephone Number:** |  | **Fax Number:** |  |
| **E-mail Address** (we prefer a general e-mail address rather than one for an individual)**:** |  |
| **Website Address:** |  |

\*It is the responsibility of the contractor to re-submit this form if any of the above information changes. Failure to update company name may result in bid being returned unopened.

1. **Type of work (**select **ONE** as primary type of work by placing an X in the blank next to the appropriate type of work. If you select more than one type, DCC will determine how your company will be listed.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Civil/Sitework |  | Fire Protection |  | Painting |
|  | Concrete |  | Flooring |  | Paving |
|  | Demolition |  | General |  | Plumbing |
|  | Electrical |  | Landscaping |  | Roofing |
|  | Elevator |  | Masonry / Restoration |  | Security |
|  | Environmental |  | Mechanical / Electrical |  | Telecommunications |
|  | Excavation |  | Mechanical |  |  |

1. **Licensing:** Some jurisdictions require contractors to be licensed. If you have any, please list jurisdictions and trade categories for Kansas only.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. | Do you have licenses in other states? |  | Yes |  | No |

1. **Bonding company:**
2. List your bonding company and the name and address of your agent.
3. **Experience:** List current and past projects on page 2 of this form andinclude, but do not limit listed work to State of Kansas projects**.**

1. **Personnel:** List on page 2 of this form your key employees

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| --- | --- | --- |
|  |  |  |
| **Type Name of an Authorized Officer of the Company** |  | **Date** |

**List of current Projects** (List at least 5 current incomplete projects of typical size and scope for your company. Failure to fill in all columns for each project listed will result in your application not being approved. Additional rows may be added, but do not exceed a single page for this list.)

**Provide this information on this form. We will not accept this information as an attachment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name** | **Project Title/Scope** | **Cost**(Nearest $10,000) | **Percent Complete** |
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**List of Past Projects** (List at least 5 projects per year for each of the last three years of typical size and scope for your company. Failure to fill in all columns for each project listed will result in your application not being approved. Additional rows may be added, but do not exceed a single page for this list.)

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Name** | **Project Title/Scope** | **Cost range**(Nearest 10,000) | **Architect / Engineer** **(if applicable)** | **Year Comp.** |
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**List of Key Employees** (List those employees who play a significant role in your company.)

**Provide this information on this form. We will not accept this information as an attachment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Years**  | **Role in the Company** |
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