



## SUBMISSION

Date	<b>To the Owner:</b> State of Oklahoma OMES CAM CAP P.O. Box 53448 Oklahoma City, OK 73152-3448	<b>On behalf of the Using Agency:</b>
<a href="#">CAP website</a> <a href="#">ServiceNow Catalog</a>		
<b>And the Contractor:</b>		
Contact name		Email
Company name		Phone
Address		
EIN/TIN		
Principal office <input type="checkbox"/> Yes <input type="checkbox"/> No	Business entity <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> LLPC <input type="checkbox"/> Joint venture <input type="checkbox"/> Other:	
Type of work <input type="checkbox"/> General construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other:		

## PROJECT (if applicable)

CAP project number	Project name
Purchase order number	Address/location

## CONTRACTOR INFORMATION

### 1. Organization

<b>1.1</b>	How many years has your organization been in business as a Contractor?
<b>1.2</b>	How many years has your organization been under its present business name?
<b>1.2.1</b>	Under what other DBA (e.g., trade name, fictitious name) or former names has your organization operated?
<b>1.3</b>	If your organization is a corporation, answer the following below:
<b>1.3.1</b>	Corporation is in good standing in state of incorporation: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.3.2</b>	Date of incorporation:
<b>1.3.3</b>	State of incorporation:
<b>1.3.4</b>	Name of president:
<b>1.3.5</b>	Name of vice-president:
<b>1.3.6</b>	Name of secretary:
<b>1.3.7</b>	Name of treasurer:
<b>1.4</b>	If your organization is a partnership, answer the following below:
<b>1.4.1</b>	Partnership is in good standing in state of organization: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1.4.2</b>	Date of organization:
<b>1.4.3</b>	Type of partnership:

1.4.4

Name of general partners:

1.5

If your organization is individually owned, answer the following below:

1.5.1

Organization is in good standing in state of organization: ☐ Yes ☐ No

1.5.2

Date of organization:

1.5.3

Name of owner:

1.6

If your organization is other than those listed above, describe it and name the principals:

2.

Licensing.

2.1

List jurisdiction and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable:

2.2

List jurisdictions in which your organization’s partnership or trade name is filed:

*(Out-of-state firms are required to obtain a Certificate of Authority to transact business in Oklahoma. Certificate applications may be obtained from the [Office of the Oklahoma Secretary of State](#). An out-of-state firm who is the apparent low bidder on State of Oklahoma work will be required to obtain the Certificate of Authority before a contract is awarded and executed.)*

3.

Experience.

3.1

List the categories of work that your organization normally performs with its own forces:

3.2

Claims and suits. (Attach details for the below following questions that you answer as yes.)

3.2.1

Has your organization ever failed to complete any work awarded to it? ☐ Yes ☐ No

3.2.2

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?  
☐ Yes ☐ No

3.2.3

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?  
☐ Yes ☐ No

3.3

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? ☐ Yes ☐ No

3.4

List five major construction projects your organization has in progress, including all details below.  
*(Project type must be one of the following: residential, light commercial, multi-family, healthcare, environmental, industrial, commercial, institutional or civil. If project is renovation, say so in Project name.)*

3.4.1

Project name:

Project type	Contract amount	Percent complete	Scheduled completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone	
Design professional organization	Design professional contact	Design professional email	Design professional phone	

3.4.2

Project name:

Project type	Contract amount	Percent complete	Scheduled completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone	
Design professional organization	Design professional contact	Design professional email	Design professional phone	

**3.4.3 Project name:**

Project type	Contract amount	Percent complete	Scheduled completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone	
Design professional organization	Design professional contact	Design professional email	Design professional phone	

**3.4.4 Project name:**

Project type	Contract amount	Percent complete	Scheduled completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone	
Design professional organization	Design professional contact	Design professional email	Design professional phone	

**3.4.5 Project name:**

Project type	Contract amount	Percent complete	Scheduled completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone	
Design professional organization	Design professional contact	Design professional email	Design professional phone	

**3.4.6 Total worth of work in progress and under contract:****3.5 List five major projects your organization has completed in the past five years, including all details below.**

(Project type must be one of the following: residential, light commercial, multi-family, healthcare, environmental, industrial, commercial, institutional or civil. If project is renovation, say so in Project name.)

**3.5.1 Project name:**

Project type	Contract amount	Completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone
Design professional organization	Design professional contact	Design professional email	Design professional phone
Percentage of cost of work by own forces	Days over/under contract completion date		

**3.5.2 Project name:**

Project type	Contract amount	Completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone
Design professional organization	Design professional contact	Design professional email	Design professional phone
Percentage of cost of work by own forces	Days over/under contract completion date		

**3.5.3 Project name:**

Project type	Contract amount	Completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone
Design professional organization	Design professional contact	Design professional email	Design professional phone
Percentage of cost of work by own forces	Days over/under contract completion date		

**3.5.4 Project name:**

Project type	Contract amount	Completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone
Design professional organization	Design professional contact	Design professional email	Design professional phone

Percentage of cost of work by own forces		Days over/under contract completion date	
<b>3.5.5 Project name:</b>			
Project type	Contract amount	Completion date	Delivery method
Owner organization	Owner contact	Owner email	Owner phone
Design professional organization	Design professional contact	Design professional email	Design professional phone
Percentage of cost of work by own forces		Days over/under contract completion date	

**3.5.6 Average annual amount of construction work performed during the past five years:**

**3.6 List the construction experience and present commitments of key individuals of your organization.**

*(Format: John Doe, PMI, project manager; 10 yrs. as super., 20 yrs. as PM; 30 yrs. w/co; 100+ GC & CM projects w/company; 2 active CM projects.)*

**4. References.**

**4.1 Trade references:**

**4.2 Bank references:**

**4.3 Surety.**

**4.3.1 Name of bonding company:**

**4.3.2 Name of agent:**

Email of agent	Address of agent
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**5. Financing.**

*(This is a mandatory requirement of the prequalification process in completing this Statement. In accordance with 61 O.S. § 118, financial information shall remain confidential. Physical copies received will be shredded; electronic versions may be archived but on a secure Oklahoma network.)*

**5.1 Financial statement.**

**5.1.1 Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the below following items:**

**5.1.1.1 Current assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses).**

**5.1.1.2 Net fixed assets.**

**5.1.1.3 Other assets.**

**5.1.1.4 Current liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retainage earnings).**

<b>5.1.2</b> Name of firm preparing attached financial statement:	
Address of firm	Date of preparation
<b>5.1.3</b> Is the attached financial statement for the identical organization named on Page 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5.1.4</b> If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidary).	
<b>5.2</b> Will the organization whose financial statements act as guarantor of the contract for construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>CONTRACTOR SIGNATURE</b>	
The undersigned, being duly authorized to sign on behalf of the organization named herein, does swear or affirm, under penalty of perjury, that the contents of this Qualification Statement, and each supporting document, are true and sufficiently complete so as not to be misleading as so dated above.	
Authorized representative name	Authorized representative title
Authorized representative signature	Date