

**APPLICATION FOR CONSTRUCTION PREQUALIFICATION
TRENTON, TENNESSEE
CONTRACT 16-02 – WASTEWATER TREATMENT
PLANT RENOVATION**

I. GENERAL BACKGROUND

A. Name of Applicant: _____

B. Address of Applicant:

1. Mailing _____

2. Business: _____

3. Telephone Number: _____

4. Fax Number: _____

5. Contact Person: _____

C. State of Tennessee Contractor's License Number and the classification that applies to this project: _____

D. Contractor is: Proprietor _____

Corporation _____

Partnership _____

E. Other state licenses held: _____

F. Local licenses held: _____

G. 1. Names and addresses of officers/partners of the company:

2. Number of years company has been in business: _____

H. How many persons are permanently employed by your company? _____

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

- I. How many years experience in the proposed type and size of construction work has your organization had? _____
- J. Previous name of Contractor, if any:
Contractor Name _____
Business Address: _____

Contact Person: _____
Telephone: _____
- K. Describe and identify on the attached forms the applicant's financial status, proposed project personnel, safety record, equipment inventory, experience on similar projects, legal proceedings, and list of applicant references. This information will be used to determine the applicant's ability to perform the work required by this project.

This application must be completed in its entirety, included the Affidavit for Prequalification of Applicant.

Attach additional pages when necessary to fully answer any of the above questions.

COMPANY NAME: _____
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BID DATE: _____

II. COMPANY EXPERIENCE – SIMILAR PROJECTS

CONTRACTOR'S QUALIFICATION WILL BE DETERMINED BASED UPON THE INFORMATION PRESENTED IN THIS SECTION. ADDITIONAL INFORMATION PROVIDED AS "ATTACHMENTS" SHOULD BE FOR FURTHER EXPLANATION OF PROJECTS LISTED WITHIN THIS SECTION OR AS SUPPLEMENTAL INFORMATION.

- A. **Failure to complete this section in full, regardless of any supplemental information provided, will be grounds for disqualification.**
- B. Beginning on the following pages, list at least here (3) treatment plant projects completed by the Contractor that meet the criteria detailed at the end of this application.
- C. List projects that most closely resemble the work proposed under this bid.
- D. Describe projects in terms of degree of difficulty, problems encountered, similarities, with the work proposed under this bid, what the driver was on the project schedule, whether the schedule was met, etc., or any pertinent information that might be used to evaluate your request for prequalification.
- E. For questions with a "Yes" or "No" answer, please check one.

COMPANY NAME: _____
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#1 Project Name: _____
Location: _____
Project Owner: _____
Owner's Address: _____
Owner's Contact Person: _____
Owner's Contact Person Telephone: _____
Project Engineer: _____
Engineer's Address: _____
Engineer's Contact Person: _____
Engineer's Contact Person Telephone: _____
Contract Bid Amount: _____
Final Contract Amount: _____
Contract Completion Time: Established Days: _____
Actual Days: _____
Contract Dates: Notice to Proceed Date: _____
Final Completion Date: _____

Water Treatment Plant: Yes: _____ No: _____
Design Flow _____
Type of Treatment _____

Wastewater Treatment Plant: Yes: _____ No: _____
Design Flow _____
Type of Treatment _____

Was continuous bypass pumping of sanitary required by this project?

Yes: _____ No: _____

If Yes, describe your bypass pumping operation (size, length of pipe, etc.). Sound attenuation may be required in this project. Please describe methods used previously in this regard and how they may be adapted to this project. Contractor may include information in attachment.

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

Bypass Pumping: _____

Comments: _____

COMPANY NAME: _____
APPLICATION FOR PREQUALIFICATION
BID DATE: _____

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#2 Project Name: _____
Location: _____
Project Owner: _____
Owner's Address: _____
Owner's Contact Person: _____
Owner's Contact Person Telephone: _____
Project Engineer: _____
Engineer's Address: _____
Engineer's Contact Person: _____
Engineer's Contact Person Telephone: _____
Contract Bid Amount: _____
Final Contract Amount: _____
Contract Completion Time: Established Days: _____
Actual Days: _____
Contract Dates: Notice to Proceed Date: _____
Final Completion Date: _____

Water Treatment Plant: Yes: _____ No: _____
Design Flow _____
Type of Treatment _____

Wastewater Treatment Plant: Yes: _____ No: _____
Design Flow _____
Type of Treatment _____

Was continuous bypass pumping of sanitary required by this project?

Yes: _____ No: _____

If Yes, describe your bypass pumping operation (size, length of pipe, etc.). Sound attenuation may be required in the project. Please describe methods used previously in this regard and how they may be adapted to this project. Contractor may include information in attachment.

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#3 Project Name: _____
Location: _____
Project Owner: _____
Owner's Address: _____
Owner's Contact Person: _____
Owner's Contact Person Telephone: _____
Project Engineer: _____
Engineer's Address: _____
Engineer's Contact Person: _____
Engineer's Contact Person Telephone: _____
Contract Bid Amount: _____
Final Contract Amount: _____
Contract Completion Time: Established Days: _____
Actual Days: _____
Contract Dates: Notice to Proceed Date: _____
Final Completion Date: _____

Water Treatment Plant: Yes: _____ No: _____
Design Flow _____
Type of Treatment _____

Wastewater Treatment Plant: Yes: _____ No: _____
Design Flow _____
Type of Treatment _____

Was continuous bypass pumping of sanitary required by this project?

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#4 Project Name: _____
Location: _____
Project Owner: _____
Owner's Address: _____
Owner's Contact Person: _____
Owner's Contact Person Telephone: _____
Project Engineer: _____
Engineer's Address: _____
Engineer's Contact Person: _____
Engineer's Contact Person Telephone: _____
Contract Bid Amount: _____
Final Contract Amount: _____
Contract Completion Time: Established Days: _____
Actual Days: _____
Contract Dates: Notice to Proceed Date: _____
Final Completion Date: _____

Water Treatment Plant: Yes: _____ No: _____
Design Flow _____
Type of Treatment _____

Wastewater Treatment Plant: Yes: _____ No: _____
Design Flow _____
Type of Treatment _____

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III. COMMENTS

Please list any additional information that the Contractor believes would assist the Owner in evaluating the possibility of using the Contractor on this Project.

List or attach any other information which the Contractor believes is pertinent to this Application but which was not requested above, such as letters of recommendation from the Project Owner or Project Engineer from the above listed projects, etc.
