

BUSINESS CLASSIFICATION

The following should be completed in order that we may properly classify your firm:
(Check the block(s) which are applicable – Block 3 is to be left blank if Block 1 and/or Block 2 is checked)

- Has fewer than 100 employees
and/or
- Has less than \$6,000,000.00 in annual gross receipts
- OR**
- Does not meet the criteria for being designated a small business as provided in Section 2006.001 of the Texas Government Code.

The classification of your firm as a small or large business is not a factor in determining eligibility to become prequalified.

Select major work categories for which you would like to be prequalified (**City may deem you are not qualified for selected category or may approve you at a lesser size/length and maximum size may not be listed specifically under a major work category**):

MAJOR WORK CATEGORIES

Water Department

- Augur Boring - 24-inch diameter casing and less
- Augur Boring - Greater than 24-inch diameter casing and greater
- Tunneling – 36-Inches – 60 –inches, and 350 LF or less
- Tunneling - 36-Inches – 60 –inches, and greater than 350 LF
- Tunneling – 66” and greater, 350 LF and greater
- Tunneling – 66” and greater, 350 LF or Less
- Cathodic Protection
- Water Distribution, Development, 8-inch diameter and smaller
- Water Distribution, Urban and Renewal, 8-inch diameter and smaller
- Water Distribution, Development, 12-inch diameter and smaller
- Water Distribution, Urban and Renewal, 12-inch diameter and smaller
- Water Transmission, Development, 24-inches and smaller
- Water Transmission, Urban/Renewal, 24-inches and smaller
- Water Transmission, Development, 42-inches and smaller
- Water Transmission, Urban/Renewal, 42-inches and smaller
- Water Transmission, Development, All Sizes
- Water Transmission, Urban/Renewal, All Sizes
- Sewer Bypass Pumping, 18-inches and smaller
- Sewer Bypass Pumping, 18-inches – 36-inches
- Sewer Bypass Pumping 42-inches and larger
- CCTV, 8-inches and smaller
- CCTV, 12-inches and smaller
- CCTV, 18-inches and smaller
- CCTV, 24-inches and smaller

MAJOR WORK CATEGORIES, CONTINUED

- CCTV, 42-inches and smaller
- CCTV, 48-inches and smaller
- Sewer CIPP, 12-inches and smaller
- Sewer CIPP, 24-inches and smaller
- Sewer CIPP, 42-inches and smaller
- Sewer CIPP, All Sizes
- Sewer Collection System, Development, 8-inches and smaller
- Sewer Collection System, Urban/Renewal, 8-inches and smaller
- Sewer Collection System, Development, 12-inches and smaller
- Sewer Collection System, Urban/Renewal, 12-inches and smaller
- Sewer Interceptors, Development, 24-inches and smaller
- Sewer Interceptors, Urban/Renewal, 24-inches and smaller
- Sewer Interceptors, Development, 42-inches and smaller
- Sewer Interceptors, Urban/Renewal, 42-inches and smaller
- Sewer Interceptors, Development, 48-inches and smaller
- Sewer Interceptors, Urban/Renewal, 48-inches and smaller
- Sewer Pipe Enlargement 12-inches and smaller
- Sewer Pipe Enlargement 24-inches and smaller
- Sewer Pipe Enlargement, All Sizes
- Sewer Cleaning , 24-inches and smaller
- Sewer Cleaning , 42-inches and smaller
- Sewer Cleaning , All Sizes
- Sewer Cleaning, 8-inches and smaller
- Sewer Cleaning, 12-inches and smaller
- Sewer Siphons 12-inches or less
- Sewer Siphons 24-inches or less
- Sewer Siphons 42-inches or less
- Sewer Siphons All Sizes

Transportation Public Works

- Asphalt Paving Construction/Reconstruction (LESS THAN 15,000 square yards)
- Asphalt Paving Construction/Reconstruction (15,000 square yards and GREATER)
- Asphalt Paving Heavy Maintenance (UNDER \$1,000,000)
- Asphalt Paving Heavy Maintenance (\$1,000,000 and OVER)
- Concrete Paving Construction/Reconstruction (LESS THAN 15,000 square yards)*
- Concrete Paving Construction/Reconstruction (15,000 square yards and GREATER)*
- Roadway and Pedestrian Lighting

NOTE *There is not a prequalification requirement for installation of concrete sidewalk, curb & gutter, driveways, and panel replacement, only concrete **paving**

1. List equipment you do not own but which is available by renting

DESCRIPTION OF EQUIPMENT	NAME AND DETAILED ADDRESS OF OWNER

2. How many years has your organization been in business as a general contractor under your present name? _____

List previous business names: _____

3. How many years of experience in _____ construction work has your organization had:

(a) As a General Contractor: _____ (b) As a Sub-Contractor: _____

4. *What projects has your organization completed in Texas and elsewhere?

CONTRACT AMOUNT	CLASS OF WORK	DATE COMPLETED	LOCATION CITY-COUNTY-STATE	NAME AND DETAILED ADDRESS OF OFFICIAL TO WHOM YOU REFER

*If requalifying only show work performed since last statement.

5. Have you ever failed to complete any work awarded to you? _____

If so, where and why? _____

6. Has any officer or owner of your organization ever been an officer of another organization that failed to complete a contract? _____

If so, state the name of the individual, other organization and reason. _____

7. Has any officer or owner of your organization ever failed to complete a contract executed in his/her name? _____

If so, state the name of the individual, name of owner and reason. _____

8. In what other lines of business are you financially interested? _____

9. Have you ever performed any work for the City? _____
 If so, when and to whom do you refer? _____

10. State names and detailed addresses of all producers from whom you have purchased principal materials during the last three years.

NAME OF FIRM OR COMPANY	DETAILED ADDRESS

11. Give the names of any affiliates or relatives currently debarred by the City. Indicate your relationship to this person or firm. _____

12. What is the construction experience of the principal individuals in your organization?

NAME	PRESENT POSITION OR OFFICE	YEARS OF EXPERIENCE	MAGNITUDE AND TYPE OF WORK	IN WHAT CAPACITY

13. If any owner, officer, director, or stockholder of your firm is an employee of the City, or shares the same household with a City employee, please list the name of the City employee and the relationship. In addition, list any City employee who is the spouse, child, or parent of an owner, officer, stockholder, or director who does not live in the same household but who receives care and assistance from that person as a direct result of a documented medical condition. This includes foster children or those related by adoption or marriage. _____

CORPORATION BLOCK	PARTNERSHIP BLOCK
If a corporation:	If a partnership:
Date of Incorporation _____	State of Organization _____
Charter/File No. _____	Date of organization _____
President _____	Is partnership general, limited, or registered limited liability partnership?
Vice Presidents _____	File No. (if Limited Partnership) _____
	General Partners/Officers _____
Secretary _____	Limited Partners (if applicable)
Treasurer _____	
LIMITED LIABILITY COMPANY BLOCK	
If a corporation:	
State of Incorporation _____	
Date of organization _____	
File No. _____	Individuals authorized to sign for Partnership
Officers or Managers (with titles, if any) _____	

Except for limited partners, the individuals listed in the blocks above are presumed to have full signature authority for your firm unless otherwise advised. Should you wish to grant signature authority for additional individuals, please attach a certified copy of the corporate resolution, corporate minutes, partnership agreement, power of attorney or other legal documentation which grants this authority.

14. Equipment

\$ _____

TOTAL

Similar types of equipment may be lumped together. If your firm has more than 30 types of equipment, you may show these 30 types and show the remainder as "various". The City, by allowing you to show only 30 types of equipment, reserves the right to request a complete, detailed list of all your equipment.

The equipment list is a representation of equipment under the control of the firm and which is related to the type of work for which the firm is seeking qualification. In the description include, the manufacturer, model, and general common description of each.

ITEM	QUANTITY	ITEM DESCRIPTION	BALANCE SHEET VALUE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
		Various-	
		TOTAL	

BIDDER PREQUALIFICATION AFFIDAVIT

STATE OF _____
COUNTY OF _____

The undersigned hereby declares that the foregoing is a true statement of the financial condition of the entity herein first named, as of the date herein first given; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that the accountant who prepared the balance sheet accompanying this report as well as any depository, vendor or any other agency herein named is hereby authorized to supply each party with any information, while this statement is in force, necessary to verify said statement.

_____, being duly sworn, deposes and says that he/she is the _____ of _____, the entity described in and which executed the foregoing statement that he/she is familiar with the books of the said entity showing its financial condition; that the foregoing financial statement taken from the books of the said entity as of the date thereof and that the answers to the questions of the foregoing Bidder Prequalification Application are correct and true as of the date of this affidavit.

Firm Name: _____

Signature: _____

Sworn to before me this _____ day of _____, _____

Notary Public

Notary Public must not be an officer, director, or stockholder or relative thereof.