



**UTAH CONTRACTOR  
STATEMENT OF INTEREST AND QUALIFICATIONS**

**CHECKLIST**

CONTRACTOR: \_\_\_\_\_

- COMPLETED STATEMENT OF INTEREST AND QUALIFICATIONS
- DRUG POLICY
- CURRENT BUSINESS LICENSE (2014 LICENSE WILL BE ACCEPTED BUT MUST BE UPDATED WHEN 2015 LICENSE IS RECEIVED)
- CURRENT LIABILITY INSURANCE
- CURRENT WORKER'S COMPENSATION INSURANCE
- CURRENT EQUIPMENT LIST SHOWING YEAR AND CONDITION OF EQUIPMENT
- AGGREGATE BONDING LIMIT (LETTER FROM BONDING AGENCY)
- STATE AUTHORITY / PROOF
- CURRENT BALANCE SHEET
- AFFIDAVIT OF PROOF OF COMPLIANCE TO STATUS VERIFICATION SYSTEM

**DISTRICT NOTES:**

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RECEIVED: \_\_\_\_\_

APPROVED:

DENIED:



**UTAH CONTRACTOR'S STATEMENT OF  
INTEREST AND QUALIFICATIONS  
20\_\_ CONSTRUCTION YEAR**

All contractors will be required to provide a bid bond, should they be selected to perform the work. They will be required to provide 100% performance and payment bonds.

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter.

**Submitted by:**

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

**Contact Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_

**Drug Policy  
Information:  
(Please Attach)** \_\_\_\_\_

**UTAH CONTRACTOR'S LICENSE NUMBER:** \_\_\_\_\_



Please answer all questions that pertain to your application:

1. What type of work does your organization perform?

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2. How many years has your organization been in the construction business?

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3. Do you operate as a corporation?

If yes, date of incorporation:

State of incorporation:

If out of Utah, are you authorized to do business in Utah?

(Attach proof of state authorization <http://www.dopl.utah.gov>)

If not a corporation, what type of organization is your company?

. Officers, Principals and Partners:

NAME	TITLE	ADDRESS	TELEPHONE

5. We normally perform the following work with our own forces (self-performed work):

6. Work normally subcontracted to others:

7. Have you failed to complete any work awarded to you?

If so, note when, where, and why:



**8. Has this company had any claims or investigations by governmental agencies in the past 7 years?**

**If so, note when, where and why:**

**9. Within the last five years, has any officer or partner of your organization ever been an officer or partner of another organization when it failed to complete a construction contract?**

**If so, note when, where and why:**

**10. Are you currently in litigation and/or dispute with regard to any projects under construction or completed within the past seven years?**

**If so, note when, where and why:**

**11. List major road and/or bridge construction projects your organization has in progress (you may attach a separate project list using the format noted below if you wish):**

**Project Name:**

**Description of work contracted:**

**Contract with (Company/Entity Name and Address):**

**Individual to contact (Name, Title, Phone):**

**Superintendent (Name and Telephone):**

**Scheduled to complete:**

**Project Name:**

**Description of work contracted:**

**Contract with (Company/Entity Name and Address):**

**Individual to contact (Name, Title, Phone):**

**Superintendent (Name and Telephone):**

**Scheduled to complete:**

**Project Name:**

**Description of work contracted:**

**Contract with (Company/Entity Name and Address):**

**Individual to contact (Name, Title, Phone):**

**Superintendent (Name and Telephone):**

**Scheduled to complete:**



**12. List all projects in excess of \$100,000 your organization has worked on in the past five years (you may attach a separate project list using the format noted below if you wish):**

**Project Name:**

**Description of work contracted:**

**Contract with (Name and Address):**

**Owner representative that was responsible for job oversight:**

**Individual to contact (Name, Title, Phone):**

**Percent of work performed with your own force:**

**Project Name:**

**Description of work contracted:**

**Contract with (Name and Address):**

**Owner representative that was responsible for job oversight:**

**Individual to contact (Name, Title, Phone):**

**Percent of work performed with your own force:**

**Project Name:**

**Description of work contracted:**

**Contract with (Name and Address):**

**Owner representative that was responsible for job oversight:**

**Individual to contact (Name, Title, Phone):**

**Percent of work performed with your own force:**

**Project Name:**

**Description of work contracted:**

**Contract with (Name and Address):**

**Owner representative that was responsible for job oversight:**

**Individual to contact (Name, Title, Phone):**

**Percent of work performed with your own force:**

**13. List the construction experience of the key individuals of your organization:**

**Individual's Name:**

**Present position or office:**

**Years of construction experience: Capacity:**

**Magnitude and type of work:**

**Individual's Name:**

**Present position or office:**

**Years of construction experience: Capacity:**

**Magnitude and type of work:**



**Individual's Name:**

**Present position or office:**

**Years of construction experience: Capacity:**

**Magnitude and type of work:**

**14. Aggregate Bonding Ability \$**

(Aggregate Bonding Amount/Verification *to be included* with this application.)

**15. Insurance Requirements**

**Include certificate of liability insurance with this application. The contractor is responsible for keeping certificates on file with the District current. All applicants must maintain as a minimum the following coverage:**

**General Liability:**

**\$1,000,000 Each Occurrence**

**\$2,000,000 General Aggregate**

**Automobile Liability:**

**\$1,000,000 (Any Auto)**

**Excess/Umbrella:**

**\$1,000,000**

**Workers Compensation/Employers Liability:**

**\$500,000**



## 16. Financial Responsibility

All applicants must demonstrate and maintain financial responsibility in order to perform construction on UTSSD Projects. Please answer “yes” or “no” to the following. Do not leave any questions blank.

- \_\_\_\_\_ 1. Do total assets (what is owned) exceed total liabilities (what is owed)?
- \_\_\_\_\_ 2. Have all state and federal income taxes, payroll withholding, unemployment, worker’s compensation, and liability insurance premiums been paid as required by law? (Mark “yes” if not applicable)
- \_\_\_\_\_ 3. Are there unsatisfied judgments, liens, or unpaid taxes? If yes, list these items:
- \_\_\_\_\_ 4. Has the applicant ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under bankruptcy laws during the past 10 years?

If you answered “no” to questions 1 or 2 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered “yes” to question 4, submit written explanation and all documents and schedules filed with bankruptcy court. UTSSD reserves the right to request additional information if the submitted information is insufficient.

## 17. Other Information:

- \_\_\_\_\_ Minority A business at least 51% of which is owned by Minority Group, or, in case of a publicly owned business, at least 51% of the stock is owned by Minority Group Members. For the purpose of this definition, Minority Group Members are Black-Americans, Hispanic-Americans, American-Orientals, American Indians, American Eskimos, and American-Aleuts.



**18. Provide proof that your company is in compliance with the requirements of Section 63G12-302 et. seq. Utah Code (Status verification system-registration and use: <http://www.uscis.gov/portal/site/uscis>).**

DATED AT \_\_\_\_\_, UTAH, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

**NAME OF ORGANIZATION:**

**BY (SIGNATURE):**

**TITLE:**

PLEASE ATTACH A COPY OF YOUR BUSINESS LICENSE, CONTRACTOR'S LICENSE, INSURANCE CERTIFICATES, AGGREGATE BONDING ABILITY, DRUG POLICY, EQUIPMENT LIST, ETC. THAT WOULD PERTAIN TO THIS APPLICATION AS OUTLINED IN THE CHECKLIST DOCUMENT.

NOTE THAT THE INDIVIDUAL LISTED AS CONTACT WILL RECEIVE ALL MAILINGS, SPECIFICALLY PROJECT NOTIFICATIONS. IT IS YOUR RESPONSIBILITY TO KEEP ALL INFORMATION INCLUDING ADDRESSES, E-MAIL AND TELEPHONE NUMBERS CURRENT.

If you have further questions please contact the UTSSD at:

Phone: 435-789-4636

Email: [y chancellor@utssd.utah.gov](mailto:y chancellor@utssd.utah.gov)

Proposals can be submitted to the following addresses:

Mailing: P.O. Box 144, Vernal, UT 84078

Hand Delivery: 320 North Aggie Boulevard, Suite 138R, **Vernal, UT 84078**

[www.utssd.utah.gov](http://www.utssd.utah.gov)



**AFFIDAVIT OF E-VERIFY COMPLIANCE**

I, \_\_\_\_\_, being duly sworn upon his/her oath deposes and says:  
*(print name of deponent)*

I am the owner/authorized representative of \_\_\_\_\_  
*(circle one)* *(name of business)*

Check one of the following:

- 2(a) I certify that I will (a) use the E-Verify Internet based system, operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA), to verify the employment eligibility of their newly hired employees, and (b) maintain records documenting the use of E-Verify during the term of our pre-qualification pursuant to UCA 63G-11-103.
- 2(b) I certify that the corporation, business or company named above has no employees and I reasonably anticipate that no employees will be hired during the term of our pre-qualification pursuant to UCA 63G-11-103.

\_\_\_\_\_  
*(Signature of deponent)*

STATE OF \_\_\_\_\_ )  
:SS:  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public