



DAYTONA STATE COLLEGE

Facilities Planning Department **RE-APPLICATION FOR CERTIFICATION AS A PRE-QUALIFIED** **CONTRACTOR FOR CONSTRUCTION** **FOR DAYTONA STATE COLLEGE**

Submit five (5) double-sided applications and one (1) electronic copy to:

Facilities Planning Department
Daytona State College
1200 West International Speedway Blvd.
Building 430A Room 108
Daytona Beach, FL 32114-2800

Respond to all items or indicate “not applicable”. Do not use substitute forms; however, supporting information may be submitted on additional sheets as an attachment.

Any inaccurate or misleading statements in the application will cause disapproval, suspension, or revocation of the Certificate of Prequalification.

On behalf of _____, I wish to submit an application for certification as a prequalified contractor for construction of projects at Daytona State College (College).

It is understood that certification, if given, will be valid for a period of one (1) year from date of approval subject to the maintenance of current application information, unless suspended or terminated by the Board of Trustees.

This firm authorizes the College to request any public official, engineer, architect, surety company, bank depository, material or equipment manufacturer or distributor, or any person, firm, or corporation to furnish any information requested by the College to verify statements or information given with this application.

This firm further authorizes the Board of Trustees or its designee to disclose any and all information contained in the prequalification data below to any designated personnel of other boards in the State of Florida without liability whatsoever.

Date

Name of Organization

By: _____

Title of Person Signing

(Affix seal, if a corporation)

**SWORN STATEMENT UNDER SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted for Contractor Pre-Qualification
2. This sworn statement is submitted by [name of entity submitting sworn statement]
whose business address is: _____
_____ and (if applicable) its Federal Employer Identification Number (FEIN) is _____.
(If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:)
3. My name is _____ and my relationship to the entity named above is _____
(title)
4. I understand that a "public entity crime" as defined in Section 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in Section 287.133 (1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record, relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Section 287.133(1)(a), Florida Statutes, means: (1) A predecessor or successor of a person convicted of a public entity crime; or (2) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a "person" as defined in Section 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, that statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

_____ Neither the entity submitting this sworn statement, nor one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity, has been charged with and convicted of public entity crime subsequent to July 1, 1989.

_____ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the Final Order.]

_____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please attach a copy of the Final Order.]

_____ The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Date: _____ [Signature]

STATE OF: _____

COUNTY OF: _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____ [name of individual signing] who after first being sworn by me, affixed his/her signature in the space provided above on this _____ day of _____, in the year _____.

My commission expires: _____
Notary Public

Print, Type, or Stamp of Notary Public

Personally known to me, or Produced Identification:

Type of I.D.

General information about the contractor company, its principals, and its history including state and date of incorporation.

Firm legal name: _____
 Address: _____
 Is this a Branch Office? _____
 Telephone: _____
 Fax Number: _____

E-Mail Address *Limit to one e-mail address (This will be used for all notifications from the College regarding RFQs, RFPs or ITBs)*

Website Address: _____

Federal ID Number: _____

How many years has the firm provided General Contracting services? _____

Total billings, past three calendar years (submitting office)? _____

Total billings, past three calendar years (company-wide)? _____

Contractor trade categories and information regarding the state and local licenses and license numbers held by the applicant.

- List state, county, or other public agencies in which your organization is qualified to perform work by some means of prequalification **(Use TAB key at end of table to insert rows as needed)**:

Agency	Trade Qualified	Expiration Date	Approved Amount

- Insert or Attach a copy of the license under which this firm is engaged in the business of contracting in the State of Florida.** This license must be issued in accordance with provisions of Section 489.113, Florida Statutes, and be valid.

A list of all pending litigation and all litigation within the past year, including an explanation of each. Litigation initiated by the contractor to protect the contractor’s legal rights shall not be used as a basis for rejecting prequalification.

- List all litigation where firm was the plaintiff and/or defendant within the past year:

List of projects

- Give contract value of work now pending award to your organization:
 \$ _____ Amount requiring bond if awarded \$ _____
- List all prime construction contracts your organization has underway on this date (*insert rows as needed*):

Name of Job (location)	Contract Amount	Percent Complete	Design Architect/Engineer Phone/E-Mail	Owner Phone/E-Mail

Audited financial information current within the past 12 months.

- **Insert or Attach certificate of insurance** confirming current workers’ compensation, public liability, and property damage insurance as required by law.
- **Insert or Attach letter from bonding company** showing value of contract work for which you could obtain a bond on single and aggregate projects (*Written verification must be submitted by a licensed surety company rated excellent in the current A.M. Best Guide and qualified to do business within the state*).
 - How much bonding is unencumbered and available as of this date?
 - Give name, address and phone number of Florida resident agent for above bonding company:
 - Has any surety company refused to write you a bond on any construction work in the past year?
 If yes, explain:
 - Give names of bonding companies under which you have functioned in the last three years:
- What is the dollar value of the largest project you consider your organization is qualified to undertake? \$ _____
- **Insert or Attach an audited financial statement** (*only (1) copy needed*) prepared and signed by a public accountant certified in the State of Florida, including contractor’s latest balance sheet and income statement showing current assets, net fixed assets, other assets, current liabilities, and other liabilities.