



Property Services Perpetual Prequalification Application

Note: This prequalification application does not need to be completed and submitted if your firm is already prequalified for the desired service area listed in "Section 5 Services Requested for Prequalification Consideration". See MaineDOT's complete listing of [prequalified firms](#), or call the Contract Procurement Office (207) 624-3337 for assistance.

PLEASE READ before completing the application see (Submittal/Application Instructions)

1. CONTACT INFORMATION:

Firm Name: _____	b. Office Phone No.: _____	c. Cell Phone No.: _____
d. Prequalification Contact First & Last Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____	e. Title: _____	f. Prequalification Contact E-mail Address: _____
g. Firm's Web Address: _____		h. Name of Firm's President/Managing Officer: _____

2. CORPORATE INFORMATION:

a. Type (select all that apply): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Minority Owned <input type="checkbox"/> Woman Owned <input type="checkbox"/> Small Business <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation (State of origin): _____ <input type="checkbox"/> Other: _____	b. Is your firm a Disadvantaged Business Enterprise (DBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you certified as such by MaineDOT's Civil Rights Office? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is your firm's Corporate Headquarters located in Maine? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the address of your Corporate Headquarters: _____	

3. AFFIRMATIVE ACTION:

a. Does your firm have a current Equal Employment Opportunity policy and plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Is your firm aware of Equal Employment Opportunity (EEO) responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Is your firm aware of MaineDOT's goals for utilization of DBE firms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4. DEBARMENT, SUSPENSION, INELIGIBILITY, OR EXCLUSION:

a. Has your firm been debarred, suspended, declared ineligible or voluntarily excluded from contracts by the Federal Government or any State Agency within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly explain:

This form must be filled out in its entirety. Please refer to the [Submittal/Application Instructions](#) for additional information.

5. SERVICES REQUESTED FOR PREQUALIFICATION CONSIDERATION:

PLEASE READ BEFORE SELECTING ANY SERVICES: Select the check box below next to each Service Number for which prequalification is requested. Select only those that your firm meets the criteria described in the Service Number definitions at: <http://maine.gov/mdot/cpo/prequal/>. Supplemental Questions must be answered for each Service Number highlighted in yellow below. Supplemental Questions are located at: <http://maine.gov/mdot/cpo/prequal/>. Click on the OUC-Program, then "Download Supplemental Questions".

1. OUC 54000 – PROPERTY OFFICE:

301.20 Property Surveys

401.00 Title Research/Abstracting

402.00 Property Valuation and Appraisal Services

403.00 Property Negotiations/Ownership Info. Services

404.00 Property Relocation Services

405.00 Property Management

Prequalification will remain in effect for the foreseeable future, but may require updating from time to time as determined by MaineDOT needs.

6. LIST OF QUALIFYING PERSONNEL WORKSHEET (WORKSHEET):

Worksheet for all Service Numbers:

Each Firm must complete a List of Qualifying Personnel Worksheet. See Submittal/Application Instructions for further details and the hyperlink to the Worksheet.

7. CERTIFICATION:

By submitting this form, I certify that I have reviewed my submittal package to ensure that all the required documents are included.

Check Here to Agree

By submitting this form, I certify that the foregoing information is true and accurate and that I am an Authorized Signatory Officer, who can legally bind the Firm.

Check Here to Agree

By submitting this form, I certify that the typed name (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, (d) is under the sole control of myself, (e) is linked to data in such a manner that it is invalidated if the data are changed. (10 M.R.S.A. §9501 et seq.)

Check Here to Agree

Typed Name of Submitting Authorized Officer:

Title:

Date:
