

## TRIBOROUGH BRIDGE AND TUNNEL AUTHORITY APPENDIX I

## STATEMENT OF QUALIFICATION OF SUBCONTRACTOR/ SUBCONSULTANT/ SUPPLIER/ FABRICATOR

The statements hereon are confidential and made solely for the information of the Triborough Bridge and Tunnel Authority in connection with the proposed subcontract with

		Name of <b>Prime</b> Contractor/Consultant	
		Address of <b>Prime</b> Contractor/Consultant	
und	ler its general Contract No.	with the Triborough Bridge and Tunnel Authori	ty.
Tyr	be of Vendor Seeking Approval		
If p	proposed Vendor to be appro-	ved will perform abatement, design, construction inspection and llowing areas, please check the appropriate box(es) and compl	
	Asbestos Abatement (Attach Exhibit A)	Lead Abatement Hazardous Waste (Attach Exhibit L) (Attach Exhibit H)	
		GENERAL INFORMATION	
	Proposed Vendor (hereinafte	er "Subcontractor") Information:	
1.	Business Name*:  * The full legal business name must be in its partnership agreement or certification.	e inserted here. (If a partnership or corporation, the exact firm or corporate name as i te of incorporation.)	t appears
2.	Principal Business Address:		
	Street Address (No PO Box)	City State Zip Co	ountry
2A.	For construction, the local off materials are being supplied subcontract is for rolling stock	office or plant where work is primarily being performed (not MTA wo fice. For material, address where the materials are being fabrical from various locations, provide suppliers local place of busing or other capital equipment, provide the location where the final is the same address as provided in Question 2 above, leave blacks.	ated. If ess. If product
	Street Address (No PO Box)	City State Zip Co	ountry
2B.	If this subcontract is for rolling	stock or capital equipment check the box.	
3.	Federal ID#	Telephone #	
4.	If a corporation: When incorporated: President's name: Vice President's name: Secretary's name: Treasurer's name:	If a co-partnership: Date of organization: Names and address of partners (use additionsheets if necessary):  County Clerk's Office where your papers are	

5.	Desribe the work labor only or labor								rly whether work involves rnished.
6.	Are you licensed	to n	orform this	worl	v in the leas	ation requir	and by this contra	ot?	
0.	Are you licensed to perform this work in the location required by this contract?  If so, provide license numbers and attach copies of the license.  Consultants must include a copy of the license and/or registration in compliance with New York State Education Law Section 7209.								
7.	Total amount of t	he p	roposed su	ıbcoı	ntract (amo	unt MUST	be entered):		
8.	How many years of e	experi	ence as a Co	ntrac	tor/consultant	?	As a sub	contra	ctor/subconsultant?
9.	Give briefly, pre superintendent o		•	s experience of directing officers including chief executive officer and general nilar work.					utive officer and general
	Name		Present Position	Co	ears of consulting sperience	Magnitud	le and Type of W	ork/	What Capacity
10	List principal con	tract	s complete	d by	present or	nanization			
	Location		Contract P		Class		Date Completed		Name and Address of Awarding Party
11.	List contracts, if a	any,	that preser	ıt org	ganization h	nas on han	d.		
	Location		Contract P	rice	Class c	of Work	Percent Completed		Name and Address of Awarding Party
							'		<u> </u>

Firm Name	Telephone	e Address	Contact Person
_			
Labor Employe	d through: (specify "No	on-Union" or Provide Union, Local No	Address & Telephone #):
, ,			
A (1 1 5 (1			
Attach proof tha	at you meet the require	ed minimum insurance criteria.	
		tions or proceedings in which the sub	
		rial employee thereofor officer having been involved within the last five ye	
the subcontrac			
United States In Protection (NY	Environmental Protect CDEP), the New York	ion Agency (EPA), the New York City k State Department of Environmenta	y Department of Environm Il Conservation (NYSDEC)
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17. Proposed Subcontractor must list their Experience Modification Rate (EMR) and OSHA Frequency Rates (see frequency formula below) for the current and previous four (4) years in the space provided below. If EMR and OSHA Rates have not been calculated for all the years listed below, the proposed subcontractor will provide the information for the years available and explain why it cannot provide the information for the remaining years. (Note: If the proposed subcontractor is a joint venture, the joint venture and each firm participating in the joint venture will provide their respective EMR and OSHA Rates by making duplicate copies of this provision and insert the information for each firm. The name of the firm will be inserted at the top of the page.) (See also instruction page.) This information must be completely filled out including EMR, Name of Insurance Provider, and OSHA Frequency Rates as shown in OSHA 300. In addition, a letter from proposed subcontractor's insurance provider confirming these EMRs for the past 4 years and a copy of the OSHA Frequency Log (OSHA 300) must be provided.

Experience Mo	odification Rat Comp	e (EMR) From Insurance any	OSHA Frequency Rate			
Year	EMR Rate	Name of Insurance Provider	OSHA Rate	# of injuries in a given year	Actual hours worked in a given year	
Current Year						
1 Year Ago						
2 Years Ago						
3 Years Ago						
4 Years Ago						

OSHA Frequency Rate =	# of Injuries x 200,000 Actual Hours Worked
If proposed subcontractor canno explain the details below.	ot provide EMR and OSHA Frequency Rates for all the years listed above,

The undersigned agrees to furnish the TRIBOROUGH BRIDGE AND TUNNEL AUTHORITY additional or supplemental information concerning financial and/or technical qualifications, when and as required.

Dated		
	*	
	_	(Exact Name of Individual, Firm or Corporation)
(CORPORATE SEAL)		
,		
	Ву _	
		(Name and Title)

NOTE: If the proposed subcontractor is a corporation and this proposal is signed by an Officer other than the President or a Vice President, the proposed subcontractor shall furnish a certified copy of by law or resolution authorizing said Officer to sign, unless same has previously been furnished to the Authority.

<sup>\*</sup> The statement must be signed on this page. The proposed subcontractor, if a partnership or corporation, must sign this statement in the exact firm or corporate name as it appears in its partnership agreement or certificate of incorporation.

## **AFFIDAVIT OF VERIFICATION**

STATE OF NEW YORK	)
COUNTY OF	) ss.: )
being duly sworn says: I am *	
the proposed subcontractor above na respects true.	amed. I have read the foregoing statement. The same is in all
·	
	(Signature)
Sworn to before me this	
day of 20	
day of , 20	
(Notary)	
If the proposed subcontractor is an infirm, say here "a member of the firm of	dividual, do not fill in this blank; If the proposed subcontractor is a "; if a corporation, say "The President (or
other officer duly authorized) of the	of "; if a corporation, say "The President (or Company "