



# Bridges and Tunnels

## 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 Prime Contractor/Consultant*

\_\_\_\_\_  
*Address of Prime Contractor/Consultant*

under its general Contract No. \_\_\_\_\_ with the Triborough Bridge and Tunnel Authority.

Type of Vendor Seeking Approval \_\_\_\_\_

If proposed Vendor to be approved will perform abatement, design, construction inspection and/or air monitoring work in any of the following areas, please check the appropriate box(es) and complete the applicable exhibit(s).

Asbestos Abatement  
**(Attach Exhibit A)**

Lead Abatement  
**(Attach Exhibit L)**

Hazardous Waste  
**(Attach Exhibit H)**

## GENERAL INFORMATION

### Proposed Vendor (hereinafter "Subcontractor") Information:

1. Business Name\*: \_\_\_\_\_  
\* The full legal business name must be inserted here. (If a partnership or corporation, the exact firm or corporate name as it appears in its partnership agreement or certificate of incorporation.)

2. Principal Business Address:  
\_\_\_\_\_  
*Street Address (No PO Box) City State Zip Country*

2A. Address and location of local office or plant where work is primarily being performed (not MTA work site). For construction, the local office. For material, address where the materials are being fabricated. If materials are being supplied from various locations, provide suppliers local place of business. If subcontract is for rolling stock or other capital equipment, provide the location where the final product assembly takes place. **If this is the same address as provided in Question 2 above, leave blank.**

\_\_\_\_\_  
*Street Address (No PO Box) City State Zip Country*

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 additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_  
County Clerk's Office where your papers are filed:  
\_\_\_\_\_

5. Describe the work to be done under this proposed subcontract. Indicate clearly whether work involves labor only or labor and materials. List principal items of materials, if any to be furnished.

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6. 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 the proposed subcontract (amount MUST be entered): \_\_\_\_\_

8. How many years of experience as a Contractor/consultant? \_\_\_\_\_ As a subcontractor/subconsultant? \_\_\_\_\_

9. Give briefly, previous experience of directing officers including chief executive officer and general superintendent on similar work.

Name	Present Position	Years of Consulting Experience	Magnitude and Type of Work	What Capacity

10. List principal contracts completed by present organization.

Location	Contract Price	Class of Work	Date Completed	Name and Address of Awarding Party

11. List contracts, if any, that present organization has on hand.

Location	Contract Price	Class of Work	Percent Completed	Name and Address of Awarding Party



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 Modification Rate (EMR) From Insurance Company			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					

$$\text{OSHA Frequency Rate} = \frac{\text{\# of Injuries} \times 200,000}{\text{Actual Hours Worked}}$$

If proposed subcontractor cannot provide EMR and OSHA Frequency Rates for all the years listed above, explain the details below.

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)

By \_\_\_\_\_  
(Name and Title)

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\* 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.

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.

