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SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION

Return To:
Director of Construction
SCDOT Room 330
PO Box 191
Columbia, SC 29202

JOINT VENTURE PREQUALIFICATION APPLICATION

1. JOINT VENTURE

JOINT VENTURE NAME:

OFFICE ADDRESS:

CITY:

STATE:

ZIP:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON:

TELEPHONE:

FAX:

E-MAIL ADDRESS:

2. COMPANIES FORMING THE JOINT VENTURE

CONTRACTOR NO. 1 :

MAILING ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

FAX:

E-MAIL ADDRESS:

CURRENT EMR:

EFFECTIVE DATE:

CONTRACTOR NO. 2:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

FAX:

E-MAIL ADDRESS:

CURRENT EMR:

EFFECTIVE DATE:

If there are more than 2 contractors forming the Joint Venture, attach a page with the information requested above for each of the additional Contractors.

AFFIDAVIT

ONE OFFICER FROM EACH OF THE CONTRACTORS FORMING THE JOINT VENTURE, BEING DULY SWORN, DEPOSES AND SAYS THAT HE/SHE IS AUTHORIZED TO EXECUTE THIS AFFIDAVIT FOR AND ON BEHALF OF, AND TO BIND THE APPLICANT JOINT VENTURE AND THEIR INDIVIDUAL COMPANY, AND THE ANSWERS TO THE FOREGOING QUESTIONS, AND FURTHER THAT ALL STATEMENTS HEREIN CONTAINED, ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.

(1)

Print Name	Title
Signature	Company

(2)

Print Name	Title
Signature	Company

(3)

Print Name	Title
Signature	Company

(4)

Print Name	Title
Signature	Company

Notary for Signatory (1)	Notary for Signatory (2)	Notary for Signatory (3)	Notary for Signatory (4)
Subscribed and sworn to before me	Subscribed and sworn to before me	Subscribed and sworn to before me	Subscribed and sworn to before me
on day of , 20	on day of , 20	on day of , 20	on day of , 20
_____ <i>Signature of Notary Public</i>	_____ <i>Signature of Notary Public</i>	_____ <i>Signature of Notary Public</i>	_____ <i>Signature of Notary Public</i>
of County	of County	of County	of County
State of _____	State of _____	State of _____	State of _____
My Commission Expires: _____	My Commission Expires: _____	My Commission Expires: _____	My Commission Expires: _____

ACKNOWLEDGEMENT
of the
SCDOT CONTRACTOR PERFORMANCE EVALUATION
POLICIES and PROCEDURES

By signing this form as an authorized representative of the Joint Venture Contractor named below, I have read and fully understand and acknowledge the *SCDOT Contractor Performance Evaluation Policies and Procedures* document posted on the SCDOT Internet website; and further, that I fully understand its impact on the Joint Venture Contractor's ability to bid on SCDOT construction projects.

(Print the Name of the Joint Venture Contractor)

(Print the Name of the Joint Venture Representative)

(Print the Title and Company Name of the Authorized Representative)

(Signature of the Authorized Representative)

NOTICE: Notary cannot be an Officer of any of the companies forming the Joint Venture.

Subscribed and sworn to before me

on _____ 20__

Signature of Notary

Notary Public

of _____ County

State of _____

My Commission Expires:

on _____ 20__

ACKNOWLEDGEMENT
of the
JOINT VENTURE CONTRACTOR' S RESPONSIBILITIES

IF THERE IS ANY CHANGE TO THE INFORMATION PROVIDED IN THIS APPLICATION AFTER IT HAS BEEN SUBMITTED, IT IS THE SOLE RESPONSIBILITY OF THE JOINT VENTURE CONTRACTOR TO SUBMIT A WRITTEN DOCUMENT ADVISING THE DIRECTOR OF CONSTRUCTION'S OFFICE OF THE CHANGE WITHIN FIFTEEN (15) DAYS OF THE OCCURRENCE OF THE CHANGE.

IT IS THE SOLE RESPONSIBILITY OF THE JOINT VENTURE CONTRACTOR TO RENEW ITS PREQUALIFICATION BEFORE THE EXPIRATION DATE OF THE CURRENT CERTIFICATE.

By signing this form as an authorized representative of the Joint Venture Contractor, I acknowledge and accept the responsibilities stated above on behalf of the Joint Venture Contractor named below:

(Print the Name of the Joint Venture Contractor)

(Print the Name of the Joint Venture Representative)

(Print the Title and Company Name of the Authorized Representative)

(Signature of the Authorized Representative)

NOTICE: Notary cannot be an Officer of any of the Companies forming the Joint Venture.

Subscribed and sworn to before me

on _____ 20__

Signature of Notary

Notary Public

of _____ County

State of _____

My Commission Expires:

on _____ 20__