Direct Questions To:

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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 TH              | E 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 |

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.

|    | If YES, attach a page with details that include any penalties or fines assessed, and what was   |  | was involved, were there |
|----|---|--|--------------------------|
| 4. | Does the joint venture or any of the compan<br>South Carolina or any County, or Municipa  |  | at taxes to the State of |
| 5. | If the Joint Venture intends to bid on proje<br>work, answer questions a & b below: other<br>a. Does any Contractor forming the Joint V | wise, skip to question 6.                  | •                        |
|    | TYES NO   | venture have a current 551 C-Q11 Certifica | ш.                       |
|    | If YES, provide a copy of the certificate with  | this application                           |                          |
|    | b. Does any Contractor forming the Joint V  |  | ate?                     |
|    |   |  | ••••                     |
|    | YES NO  If YES, provide a copy of the certificate with  | this application                           |                          |
|    | If TES, provide a copy of the certificate wan   | inis application.                          |                          |
| 6. | In the table below, provide the names of pe<br>on behalf of the Joint Venture. Use Docum  |  | and execute documents    |
|    | <b>Document Type Code Nos.:</b>   |  |                          |
|    | 1 - Organization  | 's Statement of Experience and Equipment   |                          |
|    | -   | s, Contracts, and Bonds                    |                          |
|    |   | ers/Supplemental Agreements                |                          |
|    | 4 - Force Accoun  | 9  |                          |
|    | There must be AT LEAST  | ONE (1) individual for each Document Cod   | e.                       |
|    | NAME  | CONTRACTOR                                 | DOCUMENT                 |
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3. Is the joint venture or any of the companies forming the joint venture presently suspended, disqualified, debarred, or prohibited from working or bidding with SCDOT, or any Federal, State, County, Municipal

or other government agency?

NO

YES

SCDOT Form CA-3, July 1, 2014

### **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                             |                                   |  |
| Sigr                              | nature                            | Compai                            | ny                                |  |
| (2)                               |                                   |                                   |                                   |  |
| Print                             | Name                              | Title                             |                                   |  |
| Sigr                              | nature                            | Compa                             | ny                                |  |
| (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 |  |
| on day of , 20                    |  |
| Signature of Notary Public        |  |
| 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 Vo  | enture Representative)       |                   |  |  |
| (Print the Title and Company Name of   | the Authorized Representativ | e)                |  |  |
| (Signature of the Authori  | zed Representative)          |                   |  |  |
| NOTICE: Notary cannot be an Officer of any of the companies forming the Joint Venture. | Subscribed and so            | worn to before me |  |  |
|  | on                           | 20                |  |  |
|  | Signature                    | of Notary         |  |  |
|  | Notary<br>of                 | Public Count      |  |  |
|  | 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   | enture Contractor)              |                |
|--|---------------------------------|----------------|
| (Print the Name of the Joint Ve  | nture Representative)           |                |
|  |                                 |                |
| (Print the Title and Company Name o  | f the Authorized Representative | )              |
|  |                                 |                |
| (Signature of the Authoriz   | ed Representative)              |                |
| NOTICE: Note the control has an Office of any of the                                   | Subscribed and sworr            | n to before me |
| NOTICE: Notary cannot be an Officer of any of the Companies forming the Joint Venture. | on                              | 20             |
|  |                                 |                |
|  | Signature of N<br>Notary Pub    | -              |
|  | of                              | County         |
|  | State of                        |                |
|  | My Commission                   | Expires:       |
|  | on                              | 20             |