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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.

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?

YES NO

If YES, attach a page with details that include: what agency, when, for what reason, who was involved, were there any penalties or fines assessed, and what was the result.

4. Does the joint venture or any of the companies forming the joint venture owe delinquent taxes to the State of South Carolina or any County, or Municipality in South Carolina?

YES NO

5. If the Joint Venture intends to bid on projects where *Bridge Cleaning and Painting* is a major portion of the work, answer questions a & b below: otherwise, skip to question 6.

a. Does any Contractor forming the Joint Venture have a current SSPC-QP1 Certificate?

YES NO

If YES, provide a copy of the certificate with this application.

b. Does any Contractor forming the Joint Venture have a current SSPC-QP2 Certificate?

YES NO

If YES, provide a copy of the certificate with this application.

6. In the table below, provide the names of people who are authorized to approve, sign, and execute documents on behalf of the Joint Venture. Use Document Type Codes from the list below.

Document Type Code Nos.:

- 1 - Organization's Statement of Experience and Equipment
- 2 - Bid Proposals, Contracts, and Bonds
- 3 - Change Orders/Supplemental Agreements
- 4 - Force Account Agreements

There must be AT LEAST ONE (1) individual for each Document Code.

NAME	CONTRACTOR	DOCUMENT CODE

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
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Signature	Company
-----------	---------

(2)

Print Name	Title
------------	-------

Signature	Company
-----------	---------

(3)

Print Name	Title
------------	-------

Signature	Company
-----------	---------

(4)

Print Name	Title
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Signature	Company
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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__