

ATTENTION APPLICANTS

PLEASE READ THIS PAGE BEFORE COMPLETING THE ATTACHED APPLICATION FOR CERTIFICATE OF ELIGIBILITY AND CONTRACTOR QUALIFICATION STATEMENT.

PLEASE NOTE: Asset Management certification is only required for prime bids on projects for the construction, reconstruction, installation, demolition, maintenance or repair of any building by a public agency estimated to cost more than twenty-five thousand dollars (\$25,000). Asset Management certification is not required for filed sub-bids.

REQUIREMENTS FOR CONSIDERATION:

1. Your firm must be in business for at least one (1) year.
2. Your firm must have successfully completed a minimum of five (5) contracts in any one of the categories of work listed on the Application for Certificate of Eligibility (Form CQ1) within the past five years. Three of these contracts must be for at least \$25,000 and the other two must be for at least \$15,000.
3. You firm must have an established bonding capacity with a surety company that is licensed to do business in the Commonwealth of Massachusetts.

In filling out the Application for Certificate of Eligibility and Contractor Qualification Statement, be sure to answer all questions and include all required information. **Failure to answer any question or comply with any directive contained in these forms may result in denial of certification.**

Please ensure that the following items are included:

1. Form CQ1 - Application for Certificate of Eligibility
2. Form CQ2 – Contractor Qualification Statement
3. Fee payment in the form of certified check or money order made payable to the Commonwealth of Massachusetts.
4. Articles of Organization or Massachusetts Foreign Corporation Certificate if an out of state firm.
5. Most recent Massachusetts Corporation Annual Report or Massachusetts Foreign Corporation Annual Report if an out of state firm.
6. Resumes of all principal and supervisory personnel (including copies of all appropriate trade licenses, both corporate and individual.
7. Original letter from bonding agent or surety company addressed to DCAM confirming single project and aggregate bonding capacity and the name of the surety company providing these bonds.
8. Most recent year ending reviewed or audited financial statement.
9. Affidavit and notary (page 13 of Form CQ2).

DO NOT SUBMIT BINDERS OR INCLUDE SUPERFLUOUS MATERIALS

Dear Contractor:

To help expedite the processing of your application with the Division of Capital Asset Management (“Asset Management”), the Contractor Certification Office has developed the following question/answer tips for the most frequently asked questions.

QUESTION: *“My firm routinely engages in non-building horizontal projects such as bridge and tunnel construction. May I list these projects on the Asset Management application in sections 4.5, 4.6 and 4.8 ?”*

ANSWER: No. Asset Management certification is only required for prime bids on projects for the construction, reconstruction, installation, demolition, maintenance or repair of any **building** by a public agency. For a listing of applicable categories please refer to the Asset Management Form CQ1. Only such projects should be listed on this application. Projects that should be **omitted** from this application would include, but are not limited to bridges, tunnels, highways, site work, underground storage tanks not associated with buildings, retaining walls, dams, etc.

QUESTION: *“My firm is the parent company of a subsidiary. Our financial statement is combined and does not differentiate between the parent and the subsidiary. Since the statement is audited, is this sufficient ?”*

ANSWER: No. Whether your firm is the parent of one or more subsidiaries, or if your firm is the subsidiary of a parent company, you must furnish along with your reviewed or audited statement a financial breakdown that *differentiates* between parent and subsidiary. The breakdown itself does not have to be reviewed or audited; an in-house generated report signed off by your firm’s financial officer is acceptable. However, it must show assets, liabilities, gross revenues, stockholder equity, and net income separately.

QUESTION: *“My firm is certified in the General Building Construction (“GBC”) category. We have applied for other categories such as Floor Covering and Painting, but never received certification in these areas. What must we do to obtain certification in these categories ?”*

ANSWER: To be certified in any category, your firm must perform the work using its **own** employees, not subcontractors. The only exceptions are GBC, Sewage & Water Treatment Plants, Historical Building Restoration and Modular Construction/Prefab categories where it is customary to subcontract out portions of the work to subcontractors. To be certified in any primary and secondary categories (all applicable categories are listed on the Asset Management Form CQ1) you must list the work under the “category” column of sections 4.5, 4.6, and 4.8 of the Asset Management application. Additionally, you must give a breakdown of the dollar amount for each category.

For example, your firm was the general contractor and you installed the floor covering with your own employees. The breakdown may read:

*Total Contract Amount - \$125,000.
GBC – \$100,000.
Floor Covering – \$25,000.*

If the secondary category (such as the floor covering in this example) had a contract value of at least \$25,000, credit towards that category will be given. A minimum of three projects in *most** secondary categories (two of which had a minimum contract value of \$25,000, and one that had a minimum value of \$15,000) is required for first-time applicants, as well as current certificate holders wishing to amend their certificates.

If your firm requested but did not receive certification in a particular category it is probably because:

- a) Your firm did not perform the work using its own employees.
- b) The category was not listed anywhere in sections 4.5, 4.6 and 4.8 of the application.
- c) The minimum number of contracts and/or minimum dollar amounts were not sufficient.

*A minimum of five (5) completed projects is required for GBC to be added to a certificate.

FEE SCHEDULE

In order for your application to be processed, it must include a **certified check or money order** payable to the Commonwealth of Massachusetts in the amount designated below, based on your anticipated Aggregate Work Limit.

The Aggregate Work Limit to be shown on the contractor's Certificate of Eligibility is determined by multiplying the contractor's highest twelve (12) month volume of construction work completed in the past five years by a factor of 1.4. The twelve month volume should generally be the contract income or revenue shown on the income statement, although any twelve month period can be used. The resulting figure, however, may not exceed the contractor's total (aggregate) bonding capacity.

Aggregate Work Limit	Fee Amount
Less Than \$ 100,000	\$100.00
\$ 100,000 to \$ 999,999	\$150.00
\$ 1,000,000 to \$ 4,999,999	\$200.00
\$ 5,000,000 to \$ 9,999,999	\$250.00
\$10,000,000 to \$19,999,999	\$300.00
\$20,000,000 to \$49,999,999	\$400.00
\$50,000,000 and above	\$500.00

$$\text{AWL} = 1.4 \times (\text{Highest Twelve Month Volume of Completed Work})$$

Please understand that once the evaluation of your application commences, there can be no refunds. The Division Of Asset Management greatly appreciates your cooperation in this matter.

Please contact the Contractor Certification Office at (617) 727-9320 if you have any questions.

CERTIFICATION APPLICATION CHECKLIST

IMPORTANT!!

- HAVE YOU ENCLOSED ALL OF THE FOLLOWING? -

Place a 0 next to each item, and return this form with your application:

_____ Fee payment in the form of certified check or money order (personal and business checks will not be accepted) made payable to the Commonwealth of Massachusetts

_____ Copy of Articles of Organization

_____ Copy of most recent signed and dated Massachusetts Corporation Annual Report (or Mass Foreign Corporation Annual Report if an out of state firm)

_____ Most recent year ending financial statement reviewed or audited by your firm's CPA

_____ Resumes of Principals and supervisory personnel

_____ Complete and legible list of references for each project, including name and phone numbers of contact persons (section 4.6 – 4.9 of Contractor Qualifications Statement)

_____ Affidavit statement (part VII, page 13 of your application)

_____ Original letter (photo copies will not be accepted) from your bonding agent addressed to DCAM listing single and aggregate bonding limits and the name of the surety company

Failure to provide any of the above may result in the delay and/or denial for your application for certification.

If you have any questions please call (617) 727-9320, and ask for the Certification Office

APPLICATION FOR CERTIFICATE OF ELIGIBILITY

COMPANY NAME:

CATEGORIES OF WORK:

ADDRESS:

TELEPHONE:

SUBMITTED BY:

DATE:

INDICATE CATEGORIES OF WORK FROM THE LIST AT THE RIGHT FOR WHICH YOU WISH TO RECEIVE CERTIFICATION.

TO BE CONSIDERED FOR CERTIFICATION IN ANY CATEGORY, CONTRACTORS MUST PERFORM WORK IN THOSE CATEGORIES* USING THEIR OWN WORKFORCE.

CERTIFICATION WILL NOT BE GRANTED IN IN CATEGORIES WHERE THE WORK WAS SUBCONTRACTED.

*EXCEPT GENERAL BUILDING CONSTRUCTION, SEWAGE & WATER TREATMENT PLANTS, HISTORICAL BUILDING RESTORATION AND MODULAR CONSTRUCTION/ PREFAB.

- GENERAL BUILDING CONSTRUCTION
- ALARM SYSTEMS
- ASBESTOS REMOVAL
- DEMOLITION
- DOORS & WINDOWS
- ELECTRICAL
- ELEVATORS
- ENERGY MANAGEMENT SYSTEMS
- FIRE PROTECTION SPRINKLER SYSTEMS
- FLOOR COVERING
- HISTORICAL BUILDING RESTORATION
- HISTORICAL MASONRY
- HISTORICAL PAINTING
- HISTORICAL ROOFING
- HVAC
- MASONRY
- MECHANICAL SYSTEMS
- MODULAR CONSTRUCTION/ PREFAB
- PAINTING
- PLUMBING
- PUMPING STATIONS
- ROOFING
- SEWAGE AND WATER TREATMENT PLANTS
- TELECOMMUNICATIONS SYSTEMS
- WATERPROOFING

SPECIAL
(FOR DCAM PRE-APPROVED PROJECTS ONLY)

DATE RECEIVED: _____

CONTRACTOR QUALIFICATION STATEMENT

FIRM'S NAME:

ADDRESS:

TELEPHONE:

FAX:

SUBMITTED BY:

CURRENT OR MOST RECENT
DCAM CERTIFICATE NUMBER: _____

FOR DCAM USE ONLY	
STATEMENT NUMBER:	_____
DATE RECEIVED:	_____

NOTE: ALL QUESTIONS MUST BE ADDRESSED BY THE CONTRACTOR IN ORDER FOR THIS QUALIFICATION FORM TO BE PROPERLY COMPLETED. FAILURE OF THE CONTRACTOR TO ANSWER ANY QUESTION OR COMPLY WITH ANY DIRECTIVE CONTAINED IN THIS FORM MAY BE USED AS GROUNDS TO FIND IT INELIGIBLE. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEETS.

PART 1 HISTORICAL DATA/ORGANIZATION

- 1.1 INDICATE THE EXACT NAME BY WHICH YOUR FIRM IS KNOWN.
- 1.2 HOW MANY YEARS HAS YOUR FIRM BEEN IN BUSINESS UNDER ITS PRESENT BUSINESS NAME?
- 1.3 IF A GENERAL CONTRACTOR, HOW MANY YEARS HAS YOUR FIRM BEEN IN BUSINESS?
- 1.4 IF YOUR FIRM HAS NOT ALWAYS BEEN A GENERAL CONTRACTOR, LIST THE TRADES THAT YOUR FIRM CUSTOMARILY PERFORMED PRIOR TO THE TIME THAT IT BECAME A GENERAL CONTRACTOR.
- 1.5 INDICATE ALL OTHER NAMES BY WHICH YOUR FIRM HAS BEEN KNOWN AND THE LENGTH OF TIME KNOWN BY EACH NAME.

PART II ORGANIZATIONAL STRUCTURE

IF A CORPORATION, LIST OR ENCLOSE THE FOLLOWING:

- 2.1 STATE OF INCORPORATION:
- 2.2 DATE OF INCORPORATION:
- 2.3 TYPE OF CORPORATION: FOR PROFIT:_____ NON-PROFIT:_____
PUBLICLY TRADED:_____ LLC:_____
- 2.4 NAME OF PRESIDENT:
- 2.5 NAME(S) OF VICE-PRESIDENT(S):
- 2.6 NAME OF SECRETARY OR CLERK:
- 2.7 NAME OF TREASURER:
- 2.8 A COPY OF YOUR FIRM'S ARTICLES OF ORGANIZATION OR MASSACHUSETTS FOREIGN CORPORATION CERTIFICATE (IF AN OUT OF STATE FIRM) AS FILED WITH THE SECRETARY OF STATE OF MASSACHUSETTS.
- 2.9 A COPY OF MOST RECENT MASSACHUSETTS CORPORATION ANNUAL REPORT OR MASSACHUSETTS FOREIGN CORPORATION ANNUAL REPORT (IF OUT OF STATE FIRM) AS FILED WITH THE SECRETARY OF STATE OF MASSACHUSETTS.

IF A PARTNERSHIP, LIST OR ENCLOSE THE FOLLOWING:

- 2.10 STATE IN WHICH ORGANIZED:
- 2.11 DATE OF ORGANIZATION:
- 2.12 TYPE OF PARTNERSHIP:
- 2.13 NAMES OF ALL PRINCIPAL PARTNERS:
- 2.14 IF A PARTNERSHIP, ATTACH A COPY OF BUSINESS CERTIFICATE AS FILED WITH THE CLERK OF THE CITY OR TOWN WHERE PARTNERSHIP IS LOCATED. ALSO, ATTACH A COPY OF THE PARTNERSHIP'S ARTICLES OF FORMATION OR PARTNERSHIP AGREEMENT.

IF A BUSINESS TRUST, LIST OR ATTACH THE FOLLOWING:

- 2.15 STATE IN WHICH ORGANIZED:
- 2.16 DATE OF ORGANIZATION:
- 2.17 NAMES OF ALL PRINCIPAL OFFICERS:

- 2.18 A COPY OF DECLARATION OF BUSINESS AS FILED WITH THE SECRETARY OF THE COMMONWEALTH.

IF A SOLE PROPRIETORSHIP, LIST OR ENCLOSE THE FOLLOWING:

- 2.19 DATE BUSINESS INITIATED:
- 2.20 NAME OF OWNER:
- 2.21 A COPY OF BUSINESS CERTIFICATE AS FILED WITH TOWN CLERK OF TOWN WHERE BUSINESS IS LOCATED.

PART III HISTORICAL DATA/PERSONNEL

- 3.1 ENCLOSE RESUMES OF ALL OFFICERS, PARTNERS, PRINCIPAL INDIVIDUALS AND OTHER KEY PERSONNEL IN YOUR FIRM. INFORMATION MUST INCLUDE:
 - a) EDUCATIONAL BACKGROUND
 - b) CONSTRUCTION EXPERIENCE
 - c) NUMBER OF YEARS WITH THIS FIRM
 - d) NAMES OF ALL OTHER FIRMS IN WHICH THE INDIVIDUAL NOW HAS OR HAS IN THE PAST HAD A FINANCIAL INTEREST OR DECISION-MAKING RESPONSIBILITY.
 - e) LICENSES HELD - INDIVIDUAL AND CORPORATE (ATTACH COPIES)

PART IV ORGANIZATIONAL CAPACITY/ EXPERIENCE

- 4.1 LIST ALL STATES IN WHICH YOUR FIRM IS LEGALLY QUALIFIED TO DO BUSINESS.

- 4.2 LIST ALL TRADES THAT YOUR FIRM CUSTOMARILY PERFORMS WITH ITS OWN EMPLOYEES.

- 4.3 WHAT PERCENTAGE OF WORK DOES YOUR FIRM CUSTOMARILY PERFORM WITH ITS OWN EMPLOYEES?
- 4.4 ENCLOSE A LIST OF TRADE REFERENCES, INCLUDING NAMES, ADDRESSES AND TELEPHONE NUMBERS OF SEVERAL FIRMS WITH WHICH YOUR FIRM HAS REGULAR BUSINESS DEALINGS.
- 4.5 INDICATE THE HIGHEST VALUE SINGLE **BUILDING** CONTRACT COMPLETED BY YOUR FIRM IN THE PAST FIVE YEARS INCLUDING START AND END DATES, NAMES, AND TELEPHONE NUMBERS OF OWNER'S, DESIGNER'S AND GENERAL CONTRACTOR'S REPRESENTATIVES. IF A CONTRACT INCLUDES SEVERAL DIFFERENT CATEGORIES OF WORK FOR WHICH YOUR FIRM SEEKS CERTIFICATION, PLEASE PROVIDE DOLLAR BREAKDOWN ATTRIBUTABLE TO EACH CATEGORY OF WORK SEPARATELY.

PROJECT TITLE:

CONTRACT AMOUNT:

CATEGORY OF WORK (from form CQ1):

LOCATION:

START AND END DATES:

REFERENCES:

	COMPANY	CONTACT PERSON	TELEPHONE
OWNER:			()
DESIGNER:			()
G.C.:			()

IS YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROLS YOUR FIRM AFFILIATED WITH ANY OWNER, DESIGNER OR GENERAL CONTRACTOR NAMED ABOVE, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? YES NO

ARE ANY OF THE CONTACT PERSONS NAMED ABOVE AFFILIATED WITH YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROL YOUR FIRM, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? YES NO

IF YOU HAVE ANSWERED YES TO EITHER QUESTION, EXPLAIN.

4.6 LIST ALL **BUILDING CONSTRUCTION PROJECTS** YOUR FIRM HAS IN PROCESS ON THIS DATE. IF YOUR FIRM HAS MORE THAN TWENTY (20) PROJECTS IN PROCESS ON THIS DATE, PLEASE RESTRICT YOUR LIST TO THE TWENTY OLDEST CONTRACTS STILL IN PROCESS. **INFORMATION ON RANDOMLY SELECTED PROJECTS IS NOT ACCEPTABLE.** ANSWER ALL QUESTIONS. NOTE: WHEN LISTING CATEGORIES OF WORK, REFER TO CATEGORIES REQUESTED ON APPLICATION FOR CERTIFICATE OF ELIGIBILITY (Form CQ1) AND LIST ALL RELEVANT CATEGORIES OF WORK WHICH YOUR FIRM PERFORMED WITH ITS OWN EMPLOYEES FOR EACH PROJECT. WITH RESPECT TO SINGLE CONTRACTS INVOLVING MULTIPLE CATEGORIES OF WORK, **PROVIDE A DOLLAR BREAKDOWN ATTRIBUTABLE TO EACH CATEGORY LISTED.** DO NOT LIST NON-BUILDING PROJECTS, SUCH AS BRIDGE WORK, TUNNEL, HIGHWAYS, OR SITE WORK. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PROJECT TITLE	LOCATION	CATEGORY OF WORK	CONTRACT AMOUNT	% COMPLETE	START AND END DATES	ON SCHEDULE

FOR ALL PROJECTS (NOT ONLY THOSE LISTED), HAVE THERE BEEN ANY PROBLEMS OR COMPLAINTS CONCERNING SCHEDULING, QUALITY, WORKMANSHIP, COORDINATION OR MANAGEMENT? YES NO
 IF YES, ATTACH A SEPARATE SHEET WITH EXPLANATIONS OF PROBLEMS.

4.7 LIST ALL INFORMATION CONCERNING REFERENCES FROM EACH PROJECT LISTED IN SECTION 4.6. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PROJECT TITLE	COMPANY NAME	CONTACT PERSON	TELEPHONE
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()

IS YOUR COMPANY OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROLS YOUR FIRM AFFILIATED WITH ANY OWNER, DESIGNER OR GENERAL CONTRACTOR NAMED ABOVE, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? YES NO

ARE ANY OF THE CONTACT PERSONS NAMED ABOVE AFFILIATED WITH YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROL YOUR COMPANY, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? YES NO

IF YOU HAVE ANSWERED YES TO EITHER QUESTION, EXPLAIN.

- 4.8 LIST ALL BUILDING CONSTRUCTION PROJECTS OF AT LEAST \$25,000 WHICH YOUR FIRM HAS COMPLETED WITHIN THE PAST FIVE YEARS OR THE TWENTY MOST RECENT PROJECTS COMPLETED WITHIN THE PAST FIVE YEARS. **INFORMATION ON RANDOMLY SELECTED PROJECTS IS NOT ACCEPTABLE.** NOTE: WHEN LISTING CATEGORIES OF WORK, REFER TO THE CATEGORIES REQUESTED ON THE APPLICATION FOR CERTIFICATE OF ELIGIBILITY (Form CQ1). LIST ALL RELEVANT CATEGORIES OF WORK THAT YOUR FIRM PERFORMED WITH ITS OWN EMPLOYEES FOR EACH PROJECT. WITH RESPECT TO SINGLE CONTRACTS INVOLVING MULTIPLE CATEGORIES OF WORK, **PROVIDE A DOLLAR BREAKDOWN ATTRIBUTABLE TO EACH CATEGORY LISTED.** DO NOT LIST HORIZONTAL PROJECTS, SUCH AS BRIDGE WORK, TUNNELS, HIGHWAYS OR SITE WORK. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PROJECT TITLE	LOCATION	CATEGORY OF WORK	CONTRACT AMOUNT	START AND END DATES

FOR ALL PROJECTS LISTED, HAVE THERE BEEN ANY PROBLEMS OR COMPLAINTS CONCERNING SCHEDULING, QUALITY, WORKMANSHIP, COORDINATION, OR MANAGEMENT? YES NO
IF YES, ATTACH A SEPARATE SHEET WITH EXPLANATIONS OF PROBLEMS.

4.9 LIST ALL INFORMATION CONCERNING REFERENCES FROM EACH PROJECT LISTED IN SECTION 4.8. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PROJECT TITLE	COMPANY NAME	CONTACT PERSON	TELEPHONE
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()
OWNER DESIGNER G.C.			() () ()

IS YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROLS YOUR FIRM AFFILIATED WITH ANY OWNER, DESIGNER OR GENERAL CONTRACTOR NAMED ABOVE, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? YES NO

ARE ANY OF THE CONTACT PERSONS NAMED ABOVE AFFILIATED WITH YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROL YOUR COMPANY, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? YES NO

IF YOU HAVE ANSWERED YES TO EITHER QUESTION, EXPLAIN.

PART V FINANCIAL DATA

BONDING REFERENCES

- 5.1 INDICATE THE FIRM'S BONDING LIMIT PER PROJECT AND TOTAL BONDING CAPACITY.
- 5.2 ATTACH AN ORIGINAL LETTER FROM YOUR BONDING AGENT ADDRESSED TO THE DIVISION OF CAPITAL ASSET MANAGEMENT, COMMONWEALTH OF MASSACHUSETTS, CONFIRMING ABOVE LIMITS AND PROVIDING NAME OF SURETY COMPANY. PLEASE NOTE: THE SURETY COMPANY MUST BE LICENSED TO ISSUE BONDING IN THE COMMONWEALTH OF MASSACHUSETTS BY THE DIVISION OF INSURANCE.
- 5.3 HAS A BOND BEEN INVOKED AGAINST YOUR CURRENT FIRM WITHIN THE LAST FIVE YEARS? YES NO
IF YES, STATE THE PARTICULARS, INCLUDING DATE, PROJECT NAME AND OWNER'S NAME.
- 5.4 WITHIN THE PAST FIVE YEARS, HAS ANY OFFICER, PRINCIPAL OR INDIVIDUAL WITH A FINANCIAL INTEREST IN YOUR CURRENT FIRM BEEN AN OFFICER, PRINCIPAL OR INDIVIDUAL WITH A FINANCIAL INTEREST IN ANOTHER FIRM THAT HAD A BOND INVOKED?
 YES NO
IF YES, STATE THE PARTICULARS, INCLUDING OTHER FIRM'S NAME, DATE, PROJECT NAME AND OWNER'S NAME

BANK REFERENCES

- 5.5 LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL BANKS WITH WHICH YOUR FIRM DOES BUSINESS. ALSO, LIST A CONTACT PERSON(S) IN CREDIT DEPARTMENT.

FINANCIAL REFERENCES

- 5.6 ATTACH THE MOST RECENT, COMPLETE YEAR-ENDING **REVIEWED OR AUDITED** STATEMENT OF FINANCIAL CONDITION PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT (CPA), INCLUDING BALANCE SHEET, INCOME STATEMENT, STATEMENT OF CASH FLOWS, AND NOTES. **COMPILED STATEMENTS ARE NOT ACCEPTABLE.**
- 5.7 STATE NAME, ADDRESS AND TELEPHONE NUMBER OF THE FIRM THAT PREPARED THE FINANCIAL STATEMENT.
- 5.8 HAS YOUR FIRM FILED FOR BANKRUPTCY WITHIN THE PAST FIVE YEARS? IF YES, GIVE PARTICULARS, INCLUDING DATE AND COURT. YES NO
- 5.9 WITHIN THE PAST FIVE YEARS, HAS ANY OFFICER, PRINCIPAL OR INDIVIDUAL WITH A FINANCIAL INTEREST IN YOUR CURRENT FIRM BEEN AN OFFICER, PRINCIPAL OR INDIVIDUAL WITH A FINANCIAL INTEREST IN ANOTHER FIRM THAT FILED FOR BANKRUPTCY? YES NO
IF YES, GIVE PARTICULARS, INCLUDING OTHER FIRM'S NAME, DATE AND COURT

PART VI LEGAL OR ADMINISTRATIVE PROCEEDINGS; COMPLIANCE WITH LAWS

6.0 Please answer the following questions. Information is to cover all judicial and administrative proceedings arising within the past five years proceeding the date of submission of this application.

The term “Administrative Proceeding” as used in this Application for Certificate of Eligibility includes (i) any action taken or proceeding brought by a governmental agency, department or officer to enforce any law, regulation, code, legal, or contractual requirement, except for those brought in state or federal courts, or (ii) any action taken by a governmental agency, department or officer imposing penalties, fines or other sanctions for failure to comply with any such legal or contractual requirement.

If you answer YES to any question, on a separate page provide a complete explanation of each proceeding or action and any judgement, decision, fine or other sanction or result. Include all details (name of court or administrative agency, title of case or proceeding, case number, date action was commenced, date judgement or decision was entered, fines or penalties imposed, etc.).

	YES	NO
A. Are there any judicial proceedings (other than criminal proceedings) pending or that have been concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to the procurement or performance of any construction contract, including but not limited to actions to obtain payment brought by subcontractors, suppliers or others?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have any criminal proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to any of the following offenses: fraud, graft, embezzlement, forgery, bribery, falsification or destruction of records, receipt of stolen property, or environmental offenses?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of state or federal procurement laws arising out of the submission of bids or proposals?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of state or federal laws regulating campaign contributions?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of chapter 268A of the Massachusetts General Laws?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of any state or federal law regulating prevailing wages?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
G. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of any state or federal law regulating hours of labor, unemployment compensation, minimum wages, overtime pay, equal pay, child labor or worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>
H. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a violation of any state or federal law prohibiting discrimination in employment?	<input type="checkbox"/>	<input type="checkbox"/>
I. Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to a claim of repeated or aggravated violation of any state or federal law regulating labor relations or occupational health or safety?	<input type="checkbox"/>	<input type="checkbox"/>
J. Have any proceedings been brought by any municipal, state or federal agency to debar or suspend your firm or any principal or officer or anyone with a financial interest in your firm from public contracting?	<input type="checkbox"/>	<input type="checkbox"/>
K. Has your firm been denied certification, been decertified or debarred for any reason by any state or federal agency?	<input type="checkbox"/>	<input type="checkbox"/>
L. Has your firm been fined by OSHA or any other state or federal agency for violations of any laws or regulations related to occupational health or safety?	<input type="checkbox"/>	<input type="checkbox"/>
M. Has your firm been sanctioned for failure to achieve DBE/MBE/WBE goals, workforce goals, or failure to file certified payrolls on any public projects?	<input type="checkbox"/>	<input type="checkbox"/>

PART VII AFFIDAVIT AND NOTARY

THE UNDERSIGNED, _____ HEREBY CERTIFIES
(TYPE OR PRINT NAME)

THAT HE/SHE IS A PRINCIPAL OF _____, AND THAT
(COMPANY NAME)

ALL ANSWERS AND ALL STATEMENTS CONTAINED IN THE ATTACHED APPLICATION FOR
CERTIFICATE OF ELIGIBILITY ARE TRUE AND CORRECT.

SIGNED AND SWORN UNDER THE PAINS AND PENALTIES OF PERJURY.

DATED AT _____

THIS _____ DAY OF _____, 20_____.

BY (SIGNATURE): _____
PRINT NAME: _____
TITLE OR POSITION: _____
NAME OF FIRM: _____

_____ SS.
(STATE) (COUNTY)

BEFORE ME, _____, PERSONALLY APPEARED THE ABOVE-
(NOTARY PUBLIC)

NAMED, _____, AND ACKNOWLEDGED THAT HE/SHE IS
(NAME OF OFFICER)

AUTHORIZED TO EXECUTE THE FOREGOING AND THAT ITS EXECUTION IS HIS/HER'S FREE ACT
AND DEED AND THE FREE ACT AND DEED OF THE FIRM.

(NOTARY PUBLIC SIGNATURE)

_____ MY COMMISSION EXPIRES: _____
(PRINT NAME)