



## New Mexico Department of Transportation PREQUALIFICATION PACKET

NEW

RENEWAL

(For NMDOT use only)			
Receipt Date:	Approval Date:	Approved By:	Yearly Prequalification Factor:
Notice of Receipt Date:			

**INSTRUCTIONS:**

1. Prime Contractors must have an approved prequalification status at least seven (7) calendar days prior to bid opening or bid will be rejected. (Deadlines are calculated from the date OIG receives the packet.)
2. Subcontractors must have an approved prequalification status before performing any work.
3. Packets will be issued electronically unless the contractor requests a hardcopy in writing. Please submit completed packet electronically. E-mail completed packet to: [nmdot.prequal@state.nm.us](mailto:nmdot.prequal@state.nm.us)
4. Only a timely, complete, and conforming packet will be accepted for approval. **Every box** must be completed. If the information does not apply to your company, please respond with **NONE or NO**. Do not answer with **N/A** or not applicable. Do not leave questions blank.
5. Attach additional sheets as needed. Indicate the section and question number in the upper right hand corner of the additional sheet.
6. Renewal packets will NOT be accepted more than thirty (30) calendar days before the date of expiration of the applicant's prequalification status.
7. It is your responsibility to timely complete and submit the packet before your prequalification status expires each year. Prequalified status automatically terminates one year from the prequalified date on the Prequalified Contractors and Subcontractors List.
8. Compass forms for closed projects will be sent to the contact person and e-mail address provided on the current packet. Limit one contact person and e-mail address per packet, multiple e-mail addresses will not be accepted.

### PART I: GENERAL INFORMATION

Business Name:		Telephone Number:	Fax Number:
Mailing Address:		City, State, Zip Code:	
Physical Address:		City, State, Zip Code:	
Name of Contact: <i>See #8 of instructions</i>	Telephone Number:	Email Address: <i>See #8 of instructions</i>	
<b>Business Type:</b> Corporation:                      Partnership:                      Sole Proprietorship                      Consolidated Company <small>(Cooperative Associations, Professional Corporations, Indian Pueblos, Business Corporations, and Limited Liability Companies)</small> <small>(Uniform Partnership, Limited Liability Partnership)</small>			
Status: Prime                                      Subcontractor		Federal Tax ID:	NM GRT Number:
EMR Number: <i>Required</i> <i>Attach verification</i>	Age of Business:	D-U-N-S Number: <i>Required</i>	NMDOT Vendor No.

## PART II: BUSINESS INFORMATION - PERSONNEL & AFFILIATES

1. List the director(s), officer(s), owner(s), member(s), or partner(s) in your business and the percentage of ownership: <i>(Attach additional sheet if necessary)</i>		
Name of Individual/Business:	Percent of Ownership:	
2. Has your business reformed within the past five years? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete below:		
What was the previous NMDOT Vendor Number, Federal Tax ID Number and EMR number?		
NMDOT Vendor Number	Federal Tax ID Number	EMR Number
3. List the individuals or employees of your business that are involved in the management and supervision of projects if other than those listed above: <i>(Attach additional sheet if necessary)</i>		
Name:	Position/Title:	
4. List all affiliates of the applicant including but not limited to (1) Joint Ventures, (2) Subsidiaries, (3) Parent Company, (4) Companies owned or controlled by the parent company, (5) Any company or firm having some mutual owners as the applicant which does business with the applicant: <i>(Attach additional sheet if necessary)</i>		
Name of Business:	Address:	Relationship:
5. Identify each of those listed in Question 1 with financial interest in any other business prequalified with the NMDOT, state the name of the other businesses and the percentage of ownership: <i>(Attach additional sheet if necessary)</i>		
Name of Individual/Business:	Percent of Ownership:	

### PART III: BUSINESS TYPE & OTHER INFORMATION

1. My business is a corporation, complete		No	Yes, complete below:	
Date Incorporated:		State Incorporated:		
2. How many years has your business been a:				
Prime Contractor:		Subcontractor:		
3. USDOT and/or Motor Transportation Division (MTD) Number: <i>(Attach Copy of Verification)</i>		4. New Mexico Public Regulation Commission Number/ New Mexico Secretary of State Number: <i>(Attach Copy of Verification)</i>		
5. Has your business defaulted on any public works project in the preceding three (3) years? <i>If yes, please specify:</i>				
Government Agency:	Project:	Date:	Yes	No
			Location:	
Detailed Explanation: (Attach additional sheet if necessary)				
6. Have you, your director(s), officer(s), owner(s), member(s), partner(s) or employee(s) of your business pled guilty, been convicted of, or have a civil judgment entered for any offense listed in NMSA 1978, Section 13-1-178 (2013) or 18.28.4.8 NMAC?				
Detailed Explanation: (Attach additional sheet if necessary)			Yes	No
Name:		Date:		
7. Have you, your director(s), officer(s), owner(s), member(s), partner(s) or employee(s) of your business been debarred or suspended by any State, Local or Federal entity?				
Detailed Explanation: (Attach additional sheet if necessary)			Yes	No
Name:		Date:		
8. If your company is licensed to work in New Mexico, provide your license number, classification and expiration date.				
License Number:	Classification(s):	Expiration Date:		

PREQUALIFICATION  
AFFIDAVIT

STATE OF \_\_\_\_\_ )  
County of \_\_\_\_\_ )

\_\_\_\_\_ being first duly sworn deposes and says that \_\_\_\_\_ he/she is employed by \_\_\_\_\_ in the capacity of \_\_\_\_\_ and has authority to execute this Affidavit on behalf of the company. Further, Affiant certifies that \_\_\_\_\_ he/she has carefully read the answers provided in the foregoing Prequalification Packet and, under penalty of perjury, certifies that the answers are true and correct.

Further Affiant sayeth not.

\_\_\_\_\_  
Affiant

Subscribed and sworn to before me a notary public in and for the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

E-mail completed Prequalification Packet to:  
nmdot.prequal@state.nm.us