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Attachment (Checklist & DOT Form 478)

Russell R. McMurry, P.E., Commissioner One Georgia Center 600 West Peachtree Street, NW Atlanta, GA 30308 (404) 631-1000 Main Office

SUBCONTRACTOR APPLICATION

Thank you for your interest in becoming a registered subcontractor to perform work on subcontracts with the Georgia Department of Transportation. You must complete and submit the following to become a registered subcontractor.					
		DOT FORM 478	QUESTIONNAIRE		
		REFERENCE LETTERS	PAST JOB PERFORMANCE		
If you have not performed work for this Department in the last five (5) years, you must submit three (3) reference letters from three (3) agencies or individuals you have completed work for in the past three (3) years. We are interested in the type of work performed, the quality of your services, whether the work was completed within the time allowed and the level of cooperation provided in completing the project. Address reference letters to: Mr. Marc Mastronardi, P.E., Chairman, Prequalification Committee Contractors and mail to the address in the closing paragraph. To avoid a delay in processing your request, return the entire application (include all numbered pages from Form 478) and answer each question. If the question does not apply, "NA" or "None Applicable" is an acceptable response. Failure to return each page or answer any portion of the application is considered an omission resulting in a non-compliant request.					
Before submitting your request, refer to the checklist included with this package to make sure the application is complete and accurate. Return one original DOT Form 478 and three reference letters) to the: Georgia Department of Transportation , Construction Bidding Administration , 600 West Peachtree Street , NW , 11 th Floor , Atlanta , GA 30308 . You can contact Contractor Prequalification by phone at (404) 631-1147. Again, thank you for your interest in Georgia's bidding process and allowing us the opportunity to serve you.					
		Sincerely,			
		Marc Mastronardi, P.E. Ch Prequalification Committe			

Subcontractor Application Page 2 Rev. 08-16-2018

CHECK LIST SUBCONTRACTOR

QUESTIONNAIRE — DOT FORM 478

The Questionnaire is in MS Word fill-in format. Form fields, drop-downs and check boxes are included in the form to make the document user friendly assist in preserving the original format. Use the tab or arrow keys to scroll through the form. Information are byep directly into "Text Form" includes in preserving the original format. Use the tab or arrow keys to scroll through the form. Information are beyep directly into "Text Form" includes the contract of the forms for use, email your concerns to douby@dot.ga.gav. CONTRACTOR INFORMATION.—PAGE I Applicants MUST provide the company's full name, the state where the entity is registered, a mailing and shipping address, e-mail address, the rederal Employer Identification Number (PER)/y and check the box that describes how the entity is organized. The name on the applicants MUST provide the company's full name, the state where the entity is registered, a mailing and shipping address, e-mail address, the rederal Employer Identification Number (PER)/y and check the box that describes how the entity is organized. The name on the application MUST correspond with the name imprinted on vour corporates val (If a registered corporation) and the name that will appear on bids. WORK CODE CLASSIFICATION — PAGE 2, 3 & 4 Applicants MUST select one Primary Work Class and as many Secondary Work Class(es) as applicable. You_MUST also select the location/area where you generally perform work on page four (4). ELECTRICAL CONTRACTORS ONLY — PAGE 5 Applicants seeking prequalification as an electrical contractor MUST be licensed by the Georgia Secretary of State or the appropriate licensing board in your state of residence. Provide the organization's name, incense number and year(s) of experience in roadway, sign or navigational lighting. CHRONOLOGICAL HISTORY AND MANAGEMENT STRUCTURE — PAGE 6, 7 & 8 The name and experience of all officers, supervisors and field personnel MUST be provided. Address_ALL_concerns stated on page eight (8) with a "YES," "NO" or "NA" response. PAST JOB P	GENERAL INSTRUCTIONS
friendly assist in preserving the original format. Use the tab or arrow keys to scroll through the form. Information can be type directly into "Text Form" fields. Single click in the "Orpo-down" Select Ord box to open the field to make your selection. Single click in the "Cheek Box" field to make selection(s). If you cannot download, open or convert the forms for use, email your concerns to dosby@dot ga gov. CONTRACTOR INFORMATION — PAGE 1 Applicants MUST provide the company's full name, the state where the entity is registered, a mailing and shipping address, e-mail address, the Federal Employer Identification Number (FEIN) and check the box that describes how the entity is organized. The name on the application MUST correspond with the name imprinted on your corporate seal (If a registered corporation) and the name that will appear on bids. WORK CODE CLASSIFICATION — PAGE 2, 3 & 4 Applicants MUST select one Primary Work Class and as many Secondary Work Class(es) as applicable. You MUST also select the location/area where you generally perform work on page four (4)	
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