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| **Caution**: *Read instructions carefully before preparation of application*. *All fields are required.***Return completed application to:** KYTC, Division of Construction Procurement, 200 Mero Street, Frankfort KY, 40622 |
| **NAME** (*as registered with Kentucky Secretary of State)*      |
| **ADDRESS** (*P.O. Box, Street*)      | **CITY**      | **STATE**      | **ZIP**      |
| **PHONE** (*including area code*)      | **FAX** (*including area code*)      | **DIRECTORY EMAIL**       |
| **PREQUALIFICATION EMAIL**      | **CONTRACTS EMAIL**      |
| What is the race of the majority owner? *(voluntary and used for reporting purposes only)* |
|  | [ ]  Black American | [ ]  Hispanic American | [ ]  Native American | [ ]  Other |
|  | [ ]  Asian Pacific American | [ ]  Subcontinent Asian American | [ ]  Non-Minority Woman |  |
| The above named applicant applies for a Certificate of Eligibility or renewal of an existing Certificate of Eligibility which qualifies the applicant to bid upon and accept work on projects sponsored by the Kentucky Transportation Cabinet, Commonwealth of Kentucky, which requires prequalification as provided in KRS 176.130, the regulation relating to the Prequalification of Highway Contractors and in the current edition of the *Standard Specifications for Road and Bridge Construction* of the Kentucky Transportation Cabinet, Department of Highways. |
| This application is based on the following factors. (*Check appropriate designation.*) KRS 176.150 authorizes the Kentucky Transportation Cabinet to obtain information requested in this application. |
|  **ORGANIZATION** |  |  **TYPE OF APPLICATION**  |  | **TAXPAYER IDENTIFICATION #** |
|  | [ ]  | Individual |  |  |  |  |  |  |  |  |  | [ ]  | New |  |  |  |  |  |  |  |  | SSN      |
|  | [ ]  | Partnership |  |  |  |  |  |  |  |  |  | [ ]  | Renewal |  |  |  |  |  |  |  |  | Employer Identification #      |
|  | [ ]  | Corporation |  |  |  |  |  |  |  |  |  | [ ]  | Interim |  |  |  |  |  |  |  |  | Tax Year Ends (*m/d/y*) |
|  | [ ]  | Limited Liability Co. |  |  |  |  |  |  |  |  |  | [ ]  | Reinstatement |  |  |  |  |  |  |  |  |       |

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| **TYPE OF WORK FOR WHICH CERTIFICATE OF ELIGIBILITY IS REQUIRED** |
| Applicants seeking a certificate of eligibility must indicate the type(s) of work for which they seek eligibility to perform. Applicants should check only the type(s) of work for which they have the organization, experience, and equipment to perform. |
| Check only type(s) of work desired |
| **PRINCIPAL TYPE OF WORD** | **INCIDENTAL TYPE OF WORK** (*usually performed by specialized contractors/subcontractors*) |
| A. | [ ]  | Grade and Drain |  | 1. | [ ]  | Clearing and grubbing |  | 16. | [ ]  | Bridge repair |  |
| B. | [ ]  | Portland Cement Concrete Paving |  | 2. | [ ]  | Ditching and shouldering |  | 17. | [ ]  | Bridge deck repair |  |
| C. | Bituminous Concrete Paving |  | 3. | [ ]  | Bridge approaches |  | 18. | [ ]  | Bridge painting |  |
| C1. | [ ]  | Bituminous Concrete Paving, option B |  | 4. | [ ]  | Guardrail |  | 19. | [ ]  | Steel erection |  |
| C2. | [ ]  | Bituminous Concrete Paving, option A |  | 5. | [ ]  | Fencing |  | 20. | [ ]  | Tying steel reinforcement |  |
| E. | Bridge Projects |  | 6. | [ ]  | Seeding and sodding |  | 21. | [ ]  | Furnish and drive piling |  |
| E1. | [ ]  | Bridges not more than 70’ clear span |  | 7. | [ ]  | Dense graded aggregate base construction |  | 22. | [ ]  | Dredging |  |
| E2. | [ ]  | Bridges not more than 100’ clear span |  | 8. | [ ]  | Cement concrete base construction |  | 23. | [ ]  | Hydraulic embankment construction |  |
| E3. | [ ]  | Bridges 100’ and over clear span  |  | 9. | [ ]  | Soil cement base construction |  | 24. | [ ]  | Storm drainage and storm sewer |  |
| E4. | [ ]  | Demolition of major bridges |  | 10. | [ ]  | Plant mix bank gravel base construction |  | 25. | [ ]  | Slurry seal |  |
| E5. | [ ]  | Bridges over navigable streams |  | 11. | [ ]  | Curb and gutter |  | 26. | [ ]  | Buildings and related construction |  |
| F. | [ ]  | Signs |  | 12. | [ ]  | Sidewalk |  | 27. | [ ]  | Demolition |  |
| G. | [ ]  | Lighting |  | 13. | [ ]  | Entrance pavement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H. | [ ]  | Landscaping |  | 14. | [ ]  | Paved ditch |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I. | [ ]  | Other       |  | 15. | [ ]  | Culverts |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *A complete list of work items can be found at http://transportation.ky.gov/Construction-Procurement/Pages/default.aspx* |
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| **EQUIPMENT AVAILABLE** (*owned / leased under purchase agreement*) |
| *List below or attach schedule showing equipment currently owned and available to perform types of work for which eligibility is requested. If schedule is attached, same information requested must be incorporated into schedule.*  |
| **OWNED** |
| **DESCRIPTION & CAPACITY OF ITEMS**(*including manufacturer, serial number, location*) | **YEAR****MANUFACTURED** | **PURCHASE****PRICE** | **ACCUMULATED DEPRECIATION**  | **PRESENT****BOOK VALUE** |
|       |       |       |       |       |
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|  | **TOTAL** | $       | $       | $       |
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| **EQUIPMENT AVAILABLE** (*leased only*) |
| *List below or attach schedule showing equipment currently leased for more than 12 months from date of application to perform type(s) of work for which eligibility is requested.* |
| **LEASED** |
| **# OF UNITS** | **DESCRIPTION** | **MAKE & MODEL** | **APPROXIMATE CAPACITY** | **YEAR****MANUFACTURED** | **EXPIRATION DATE** | **LESSOR** |
|       |       |       |       |       |       |       |
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| **EXPERIENCE STATEMENT** |
| *List major contracts awarded and completed within the past three years. Give information adequate to permit inquiry for reference. Attach detailed resumes for key personnel having worked on the projects listed below. If schedule is attached, same information requested must be incorporated into schedule.* |
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| **OFFICIAL PROJECT #** | **WORK TYPE**(B*e specific.*) | **AWARD****DATE** | **OWNER NAME & ADDRESS**(*List prime contractor & owner**if performed as a subcontractor.*) | **JOINT VENTURE PRIME/SUB** (*Identify.*) | **TOTAL AMOUNT CONTRACT/****SUBCONTRACT** | **COMPLETION DATE** |
|       |       |       |       |       |       |       |
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| **REFERENCE STATEMENT** |
| **Active Certificate of Eligibility issued by other States or Agencies** (*Check here if none* [ ] ) |
| **STATE OR ISSUING AGENCY** | **ADDRESS** | **EXPIRATION DATE** | **MAXIMUM AMOUNT OF ELIGIBILITY** | **PRINCIPAL TYPES OF WORK** |
|       |       |       |       |       |
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| **Principal Officers, Managers, and Superintendents of the Organization** *(List below and attach detailed resumes.)* |
| **INDIVIDUAL’S NAME** | **PRESENT POSITION OR OFFICE** | **YEARS OF CONSTRUCTION EXPERIENCE** | **MAGNITUDE & TYPE OF WORK** | **IN WHAT CAPACITY** |
|       |       |       |       |       |
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| **CREDIT REFERENCES** | **NAME** | **OFFICER/REPRESENTATIVE** | **ADDRESS** |
| Bank |       |       |       |
| Material Supplier |       |       |       |
| Equipment Supplier |       |       |       |
| Prime Contractors |       |       |       |
| **AGENTS & REPRESENTATIVES** | **NAME** | **OFFICER/REPRESENTATIVE** | **ADDRESS** |
| Surety Company |       |       |       |
| Auditor/Accountant  |       |       |       |
| Process Agent |       |       |       |
| Legal Counsel |       |       |       |
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| **EMPLOYMENT STATEMENT** |
| *List any owner, shareholder, partner, member, beneficiary, or employee who was appointed to or employed by the Kentucky Transportation Cabinet (KYTC) within the last three years or is currently employed by the Kentucky Transportation Cabinet.* |
| **NAME** | **POSITIONS WORKED** | **WORKPLACE LOCATION** | **LAST DATE OF EMPLOYMENT WITH KYTC** | **HIRE DATE OF APPLICANT** |
|       |       |       |       |       |
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| **FINANCIAL DATA & CERTIFICATION** |
| 1. Applicants seeking a Certificate of Eligibility in excess of $1,000,000 shall submit a Standard Audit Report form prepared by a certified public accountant, an independent public accountant, or the equivalent in other states, in addition to the application. The audit report shall be prepared under separate cover and attached to the application upon filing with the Kentucky Transportation Cabinet. The audit report shall provide for all required statements and must be a finalized copy. A Balance Sheet Audit is unacceptable for this type of certificate. |
| 2. Applicants seeking a Certificate of Eligibility for $1,000,000 or less shall submit a limited financial report certified to accuracy by a principal officer of the organization making the request for the certificate. The applicant shall provide all the detailed financial data required in a financial report form acceptable to the Kentucky Transportation Cabinet. Details relative to certain required schedules of accounts and replies to accounting questions are to be as provided for elsewhere in this application form as in special instructions given by the Cabinet to the applicant. |
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| **ACCOUNTING QUESTIONNAIRE** |
| The following questionnaire must be completed by all applicants for eligibility ratings. All questions must be answered fully unless reference is made to specific notes available in a separate audit report. |
| 1. Accounting Method: [ ]  Cash [ ]  Accrual [ ]  Other (*Explain.*)       |
| 2. Method of Reporting Income: [ ]  Percent of completion method [ ]  Completed contract method [ ]  Other (*Explain.*)       |
| 3. Do the accounting method and the method of reporting income in this financial report conform to the method for reporting income for tax purposes?  [ ]  Yes [ ]  No If no, has adequate provision been made for deferred income taxes? [ ]  Yes [ ]  No |
| 4. If applicant is a Sub-Chapter S Corp., partnership, or sole proprietor, does the applicant anticipate any significant withdrawal for taxes or another reason  subsequent to the balance sheet date which may significantly affect the distribution of earnings during the current operational period? [ ]  Yes [ ]  No subsequent to the balance sheet date which may significantly affect the distribution of earnings during the current operational period? [ ]  Yes [ ]  No |
| 5. Have there been any changes subsequent to the balance sheet date that would significantly affect working capital of the applicant? [ ]  Yes [ ]  No If yes, attach an explanation. |
| 6. What are the contingent liabilities of the applicant? Give details and attach to this form, unless provided for elsewhere in an audit report, any liabilities as  bondsman, guarantor on contractors, notes, or accounts of others, and all other known existing contingent liabilities. |
| 7. What lawsuits are pending, but not reduced to judgment, and who are the principals? What is the possible amount of loss, if any, that is anticipated within  the next 12 months that has not been provided for in the audit report? Explain.       |
| 8. Did the applicant make any prepayments of liabilities classified on the preceding year’s application as long term? [ ]  Yes [ ]  No If yes, attach schedule of such payments, and list payee, date of payment, and amount. |
| 9. Has the applicant paid, or intend to prepay within 12 months from balance sheet date, any portion of present year’s long-term debt? [ ]  Yes [ ]  No If yes, attach explanation as to how much and when this debt is scheduled to be reduced during the life of this certificate. |
| 10. Does the classification of accounts in this application conform to the classification shown in the audit report? [ ]  Yes [ ]  No If no, why and how do they differ in detail (see page 11 of Balance Sheet)? |
| 11. Give last year examined and closed by the US Internal Revenue Service.       |
| 12. Has the applicant elected to participate in a plan that allows for exchanging certain securities for retainage as permitted in Kentucky (KRS 176.095)? [ ]  Yes [ ]  No How much of the applicant’s investment account is represented by this type of asset?       |
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| **IF A PROPRIETORSHIP, COMPLETE THIS SECTION.** |
| Individuals doing business in a name other than their own must file full trade name with the Kentucky Transportation Cabinet. Where is the trade name |
| registered? | COUNTY COURT CLERK/OTHER RECORDING AGENT       |  COUNTY       |  STATE       |
| **IF A CO-PARTNERSHIP, COMPLETE THIS SCHEDULE.** |
| DATE OF ORGANIZATION       | NAMES AND ADDRESSES OF ALL PARTIES WITHIN ORGANIZATION *(List both active and inactive members.)* |
| Co-partnership is [ ]  general [ ]  limited | **NAME** | **ADDRESS** |
| *Attach partnership agreement, and give general facts relative to the nature of the restrictions:* |       |       |
|       |       |
|       |       |
| **IF A LIMITED LIABILITY COMPANY (LLC), COMPLETE THIS SCHEDULE.** |
| STATE ORGANIZED:       | NAMES AND PERCENTAGE INTEREST IN THE LLC. |
| **NAME** | **% INTEREST** | **NAME** | **% INTEREST** |
| DATE OF ORGANIZATION:       |       |       | % |       |       | % |
|       |       | % |       |       | % |
| **IF A CORPORATION, COMPLETE THIS SCHEDULE.** |
| STATE INCORPORATED:       | DATE INCORPORATED:       |
| **PRINCIPAL OFFICERS** | **% SHARES** | **PRINCIPAL OFFICERS** | **% SHARES** |
| **President:**  |  |       | % | **Secretary:** |       |       | % |
| **Vice-President:** |  |       | % | **Treasurer:** |       |       | % |
| PRINCIPAL STOCKHOLDERS HOLDING 10% OR MORE OF SHARES IN ORGANIZATION *(Exclude officers above.)* |
| **NAME** | **ADDRESS** | **NAME** | **ADDRESS** |
|       |       |       |       |
|       |       |       |       |
| **AFFILIATED OR ASSOCIATED ORGANIZATION** *(List affiliated or associated organizations that have inter-company relationships with this corporation, including*  |
| *parent company, subsidiaries, sister corporations, and all other entities held separately and jointly by principal stockholders of the applicant’s organization.)* |
| **NAME** | **ADDRESS** | **RELATIONSHIP** |
|       |       |       |
|       |       |       |
|       |       |       |
| **NOTE:** Organizations and individuals found guilty of collusion and bid rigging in the states/territories of the U.S. are subject to debarment in Kentucky. |

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| **COMPANY NAME:**       |
| **Balance Sheet As Of:**       |  | *Check one:* | **[ ]**  | **Fiscal Year** | **[ ]**  | **Interim Report** |  |  |  |  |  |  |  |  |
| **ITEM #** | **ASSETS** | **SCH #** | **AMOUNT** | **ITEM #** | **LIABILITIES & CAPITAL** | **SCH #** | **AMOUNT** |
|  | **CURRENT ASSETS** | **CURRENT LIABILITIES** |
| 1. | Cash  | A |       | 18. | Notes payable | G |       |
| 2. | Accounts receivable –Due on contracts including amounts retained by customers in accordance with contract provisions less allowance of $       for losses of uncollectible accounts. | B1 |       | 19. | Accounts payable and unbilled amounts due subcontractors (*including amounts retained*) | H |       |
| 3. | Other receivables | B2 |       | 20. | Withheld from employees (*taxes & sundry*) |  |       |
| 4. | Unbilled contract costs, etc. |  |       | 21. | Income taxes |  |       |
| 5. | Inventory of materials and supplies (*valued at the lower cost or market*) |  |       | 22. | Other taxes |  |       |
| 6. | Marketable securities at cost *($ market value*) | C |       | 23. | Billing in excess of cost, etc. |  |       |
| 7. | Investment in joint ventures, etc. (*only if currently liquidable*) | D |       | 24. | Current portion of long-term debt | I1 |       |
| 8. | Prepaid expenses |  |       | 25. | Other current liabilities |  |       |
| 9. | Other current assets | E |       | 26. | Total current liabilities |  |       |
| 10. | Total Current Assets |  |       |  | **FIXED LIABILITIES** |
|  | **FIXED ASSETS (NET)** | 27. | Long-term debt | I2 |       |
| 11. | Construction and automotive equipment |  |       | 28. | Less current portion *(line 24*)  | I3 |       |
| 12. | Land, buildings, office, and other |  |       | 29. | Net long-term debt | I4 |       |
| 13. | Total Fixed Assets |  |       |  | **OTHER LIABILITIES** |
|  | **OTHER ASSETS** | 30. | Other noncurrent liabilities | J |       |
| 14. | Cash Value of life insurance (*insurance loan value*) | F |       | 31. | Total Fixed and Other Liabilities |  |       |
| 15. | Other noncurrent assets |  |       |  | **CAPITAL** |
| 16. | Total Other Assets |  |       | 32. | Individual or partnership capital |  |       |
|  |  |  | 33. | Capital paid in | K |       |
|  |  |  | 34. | Retained earnings | L |       |
|  |  |  | 35. | Total Capital |  |       |
| 17. | **GRAND TOTAL** |  |       | 36. | **GRAND TOTAL** |  |       |
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| **LIST OF SUPPORTING SCHEDULES FOR DETAIL ACCOUNTS** (*See instructions.*) |
| **NOTE:** Detail schedules listed below are required for all Certificates of Eligibility for $1,000,000 of less. These special schedules are not required from applicants who file a certified audit report. The Kentucky Transportation Cabinet may demand from those applicants seeking Certificates of Eligibility in excess of $ 1,000,000 that such information be made available on an individual basis when the financial report warrants further explanation of facts not revealed in the notes of the examining auditor. |
| SCHEDULE A: Line 1 of balance sheet—Cash: List bank accounts and give name of bank, address, and nature of any restrictions.SCHEDULE B1: Line 2 of balance sheet—Accounts Receivable: List all trade accounts over $1,000, subtotal 60-, 90-, 120-day items. Items 6 months or more must include details on separate schedule.SCHEDULE B2: Line 3 of balance sheet—Other Receivables: List all receivables other than trade from any sources not otherwise specifically itemized in current assets.SCHEDULE C: Line 6 of balance sheet—Marketable Securities: Requirements- Number of shares, description, face value, cost, current market valueSCHEDULE D: Line 7 of balance sheet—Investments in Joint Ventures, Etc.: The investment of a party to a joint venture and receivables from the joint ventures should be separately disclosed if items are material in amount. It may be possible to separate the investment in a joint venture and the receivables therefrom into current and noncurrent portions based upon the underlying assets of the joint venture. Interest in the equity of fixed assets of a joint venture is noncurrent for the purpose of this report until time of disposal, termination, or dissolution of the joint venture. Provisions for taxes must be made for receivables taken into income from such investments.Schedule E: Line 9 of balance sheet—Other Current Assets: Enumerate and describe. Notes receivable from principals or individuals who are officers, stockholders, employees, and immediate relatives should be excluded from current assets for eligibility evaluation of the applicant unless special circumstances warrant consideration in the opinion of the examining officer. Explain.Schedule F: Line 14 of balance sheet—Cash Value of Life Insurance, Less Loans: Requirements—Amount of policy, name of the life insured, beneficiary, cash value, loan; the beneficiary of the life insurance policies must be the applicant (*if a corporation or partnership*) for computing eligibility evaluation. Life insurance payable to persons other than the estate of individuals shall be excluded in the eligibility evaluation of other assets.SCHEDULE G: Line 18 of balance sheet—Notes Payable: Requirements—Name of holder, security, due date, principal amount dueSCHEDULE H: Line 19 of balance sheet—Accounts Payable: List all trade accounts over $1,000, subtotal 60-, 90-, 120-day items. Items 6 months or more must include details on separate schedule.SCHEDULE I: Line 27 of balance sheet—Long-Term Debt: Describe and provide breakdown of current portion of long-term debt due on lines 24 and 28 and net long-term debt due on line 29.SCHEDULE J: Line 30 of balance sheet—Other Noncurrent Liabilities: Give details.SCHEDULE K: Line 33 of balance sheet—Capital: Explain capital account relative to the amount of authorized and outstanding stocks.SCHEDULE L: Line 34 of balance sheet—Retained Earnings: Explain surplus accounts relative to capital surplus or special restricted surplus accounts that affect future earnings. |
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|  | **FOR INTERNAL USE ONLY** |
| **APPLICANT’S DETERMINATION OF MAXIMUM CAPACITY** | **TRANSPORTATION CABINET’S DETERMINATION OF ELIGIBILITY RATING** |
|  |  | **ITEM #**(*from balance sheet*) | **ELIGIBILITY EVALUATION AMOUNT** |  | **MAXIMUM %** | **PREVIOUS %** | **SUGGESTED %** | **APPROVED %** |
| 1. | Current assets | 10 |  | Organizational experience | 20 |  |  |  |
| 2. | Less current liabilities | 26 |  |
| 3. | Net current assets (*working capital lines 1 & 2*) |  |  | Plant & equipment | 30 |  |  |  |
| Performance | 50 |  |  |  |
| 4. | Cash value of life insurance | 14 |  | Total | 100 |  |  |  |
| 5. | Total (*lines 3 & 4*) |  |  |  |  |  |  |  |
| 6. | Multiplying factor |  | x 12 |  |  |  |  |  |
| 7.  | Net current asset factor |  |  |  |  |  |  |  |
| 8. | Book value of machine & equipmentand equipment | 11 |  | **TOTAL MAXIMUM CAPACITY FACTOR** (*$ x %*) | **PERCENT RATINGS** |
| 9. | Multiplying factor |  | x 6 |
| 10. | Total equipment value factor  |  |  |  |  |  |  |  |
| 11. | Total maximum capacity factor (*lines 7 and 10*) |  |  | **ELIGIBILITY RATING**       |  |  |  |
|  | (*lines 7 & 10*) |  |  |  |  |  |  |  |
| Refer to Kentucky Transportation Cabinet rules and regulations relating to prequalification of contractors for eligibility formula and allowed values.  |  |  |  |  |  |
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| The undersigned hereby certifies that neither the undersigned nor any member of the undersigned’s family having an interest of ten percent (*10%*) or more in any business entity prequalifying with the Kentucky Transportation Cabinet has contributed more than the amount specified in KRS 121.056(2) to the campaign of the gubernatorial candidate election last preceding the date of the prequalification application. |
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|  | COUNTY OF |  |  |  |  |  |  |  |  |  |
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|  | The foregoing statement was acknowledged and sworn before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_. |  |  |  |  |  |  |  |  |
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|  | My commission expires \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. | X |  |  |  |  |  |  |  |  |
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| **NOTE:** This page cannot be notarized by an officer of the company. |
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| **APPLICANT CERTIFICATION** |
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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, certify that I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*officer title*) of the firm hereinafter described which executed the foregoing application and financial statement, that I am familiar with the operation and financial records of the said firm, and do attest to the truth and correctness of answers made to interrogatories by the Kentucky Transportation Cabinet, Commonwealth of Kentucky. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sworn before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | NOTARY PUBLIC |  |  |  |  |  | FULL NAME OF COMPANY |  |  |  |  |  |  |  |  |
|  | My commission expires \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Affix seal here, if corporation |  |  |  |  |  |  |  |  |
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| Person Preparing Financial Data, If Other Than the Above Officer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **NOTE:** This page cannot be notarized by an officer of the company. |

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