

## REQUEST FOR JOINT VENTURE

**INSTRUCTIONS:** This form must be completed and returned prior to the letting so that a Kentucky Transportation Cabinet (KYTC) vendor number can be issued to the joint venture company.

Each individual firm that is party to the joint venture must each be prequalified with KYTC in the applicable work classification established for each project. Indicate the lead firm's point of contact to whom KYTC shall direct all contract documents, payment arrangements, and correspondence.

Submit completed form to [KYTC.Constprocdocument@ky.gov](mailto:KYTC.Constprocdocument@ky.gov).

### SECTION 1: FIRMS INVOLVED WITH JOINT VENTURE *(Print.)*

<u>LEAD FIRM</u>			<u>2ND FIRM</u>		
NAME			NAME		
MAILING ADDRESS <i>(street)</i>			MAILING ADDRESS <i>(street)</i>		
CITY	STATE	ZIP	CITY	STATE	ZIP
POINT OF CONTACT	PHONE		COMPANY OFFICER	PHONE	
TITLE			TITLE		
EMAIL			EMAIL		

### SECTION 2: SIGNATURE AGREEMENTS

We agree by our signatures below that the lead firm named above shall serve as the main point of contact for the joint venture. *(Signature must be that of a company officer.)*

LEAD FIRM: \_\_\_\_\_  
SIGNATURE DATE

2ND FIRM: \_\_\_\_\_  
SIGNATURE DATE

**IMPORTANT:** If more than two firms are involved in the joint venture, attach a second copy of this form to provide information on the additional firm(s).