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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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| **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 value  SCHEDULE 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 due  SCHEDULE 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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| | | | | | | | | | | | | | | | | | | | **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 & equipment  and 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | X | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | SIGNATURE | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | TITLE | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | FULL NAME OF COMPANY | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | | | | | | | |  | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | STATE OF | | | | | | | |  | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | COUNTY OF | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  | The foregoing statement was acknowledged and sworn before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | My commission expires \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | NOTARY PUBLIC | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | **NOTE:** This page cannot be notarized by an officer of the company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **APPLICANT CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Affidavit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | STATE OF | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | COUNTY OF | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | 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\_\_\_ | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | X | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  |  |  | |  | | NOTARY PUBLIC | | | | | | | | | | | |  | |  |  |  |  | FULL NAME OF COMPANY | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  | |  | | My commission expires \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ | | | | | | | | | | | |  | |  |  |  |  |  | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | SIGNATURE & TITLE | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | Affix seal here, if corporation | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | Person Preparing Financial Data, If Other Than the Above Officer | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  | | | | | | | | |  |  | | | | | | | |  |  | | | | | | | | | | | | | | |  | | | | | | | | | NAME | | | | | | | | | |  | TITLE | | | | | | | |  | ADDRESS | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | **NOTE:** This page cannot be notarized by an officer of the company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |