



KENTUCKY TRANSPORTATION CABINET  
 Department of Highways  
**DIVISION OF CONSTRUCTION PROCUREMENT**

TC 14-1  
 Rev. 02/2017  
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**APPLICATION FOR CERTIFICATE OF ELIGIBILITY**

**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**

Individual

Partnership

Corporation

Limited Liability Co.

**TYPE OF APPLICATION**

New

Renewal

Interim

Reinstatement

**TAXPAYER IDENTIFICATION #**

SSN

Employer Identification #

Tax Year Ends (m/d/y)

## APPLICATION FOR CERTIFICATE OF ELIGIBILITY

### 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**

- A.  Grade and Drain
- B.  Portland Cement Concrete Paving
- C. Bituminous Concrete Paving
  - C1.  Bituminous Concrete Paving, option B
  - C2.  Bituminous Concrete Paving, option A
- E. Bridge Projects
  - E1.  Bridges not more than 70' clear span
  - E2.  Bridges not more than 100' clear span
  - E3.  Bridges 100' and over clear span
  - E4.  Demolition of major bridges
  - E5.  Bridges over navigable streams
- F.  Signs
- G.  Lighting
- H.  Landscaping
- I.  Other

**INCIDENTAL TYPE OF WORK** *(usually performed by specialized contractors/subcontractors)*

- 1.  Clearing and grubbing
- 2.  Ditching and shouldering
- 3.  Bridge approaches
- 4.  Guardrail
- 5.  Fencing
- 6.  Seeding and sodding
- 7.  Dense graded aggregate base construction
- 8.  Cement concrete base construction
- 9.  Soil cement base construction
- 10.  Plant mix bank gravel base construction
- 11.  Curb and gutter
- 12.  Sidewalk
- 13.  Entrance pavement
- 14.  Paved ditch
- 15.  Culverts
- 16.  Bridge repair
- 17.  Bridge deck repair
- 18.  Bridge painting
- 19.  Steel erection
- 20.  Tying steel reinforcement
- 21.  Furnish and drive piling
- 22.  Dredging
- 23.  Hydraulic embankment construction
- 24.  Storm drainage and storm sewer
- 25.  Slurry seal
- 26.  Buildings and related construction
- 27.  Demolition

*A complete list of work items can be found at <http://transportation.ky.gov/Construction-Procurement/Pages/default.aspx>*









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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

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

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			





## APPLICATION FOR CERTIFICATE OF ELIGIBILITY

### 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.





## APPLICATION FOR CERTIFICATE OF ELIGIBILITY

### 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
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 Co-partnership is <input type="checkbox"/> general <input type="checkbox"/> limited <i>Attach partnership agreement, and give general facts relative to the nature of the restrictions:</i>	NAMES AND ADDRESSES OF ALL PARTIES WITHIN ORGANIZATION <i>(List both active and inactive members.)</i>		
	<b>NAME</b>	<b>ADDRESS</b>	

**IF A LIMITED LIABILITY COMPANY (LLC), COMPLETE THIS SCHEDULE.**

STATE ORGANIZED:	NAMES AND PERCENTAGE INTEREST IN THE LLC.			
	<b>NAME</b>	<b>% INTEREST</b>	<b>NAME</b>	<b>% INTEREST</b>
		%		%
DATE OF ORGANIZATION:		%		%

**IF A CORPORATION, COMPLETE THIS SCHEDULE.**

STATE INCORPORATED:			DATE INCORPORATED:		
<b>PRINCIPAL OFFICERS</b>		<b>% SHARES</b>	<b>PRINCIPAL OFFICERS</b>		<b>% SHARES</b>
<b>President:</b>		%	<b>Secretary:</b>		%
<b>Vice-President:</b>		%	<b>Treasurer:</b>		%

PRINCIPAL STOCKHOLDERS HOLDING 10% OR MORE OF SHARES IN ORGANIZATION <i>(Exclude officers above.)</i>			
<b>NAME</b>	<b>ADDRESS</b>	<b>NAME</b>	<b>ADDRESS</b>

**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.)*

<b>NAME</b>	<b>ADDRESS</b>	<b>RELATIONSHIP</b>

**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:**

<b>Balance Sheet As Of:</b>		<i>Check one:</i>		<input type="checkbox"/> <b>Fiscal Year</b>	<input type="checkbox"/> <b>Interim Report</b>		
ITEM #	ASSETS	SCH #	AMOUNT	ITEM #	LIABILITIES & CAPITAL	SCH #	AMOUNT
	<b>CURRENT ASSETS</b>				<b>CURRENT LIABILITIES</b>		
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 ( <i>including amounts retained</i> )	H	
3.	Other receivables	B2		20.	Withheld from employees ( <i>taxes &amp; sundry</i> )		
4.	Unbilled contract costs, etc.			21.	Income taxes		
5.	Inventory of materials and supplies ( <i>valued at the lower cost or market</i> )			22.	Other taxes		
6.	Marketable securities at cost ( <i>\$ market value</i> )	C		23.	Billing in excess of cost, etc.		
7.	Investment in joint ventures, etc. ( <i>only if currently liquidable</i> )	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				<b>FIXED LIABILITIES</b>		
	<b>FIXED ASSETS (NET)</b>			27.	Long-term debt	I2	
11.	Construction and automotive equipment			28.	Less current portion ( <i>line 24</i> )	I3	
12.	Land, buildings, office, and other			29.	Net long-term debt	I4	
13.	Total Fixed Assets				<b>OTHER LIABILITIES</b>		
	<b>OTHER ASSETS</b>			30.	Other noncurrent liabilities	J	
14.	Cash Value of life insurance ( <i>insurance loan value</i> )	F		31.	Total Fixed and Other Liabilities		
15.	Other noncurrent assets				<b>CAPITAL</b>		
16.	Total Other Assets			32.	Individual or partnership capital		
				33.	Capital paid in	K	
				34.	Retained earnings	L	
				35.	Total Capital		
17.	<b>GRAND TOTAL</b>			36.	<b>GRAND TOTAL</b>		



## APPLICATION FOR CERTIFICATE OF ELIGIBILITY

### 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 or 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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APPLICANT'S DETERMINATION OF MAXIMUM CAPACITY			FOR INTERNAL USE ONLY				
			TRANSPORTATION CABINET'S DETERMINATION OF ELIGIBILITY RATING				
	ITEM # <i>(from balance sheet)</i>	ELIGIBILITY EVALUATION AMOUNT		MAXIMUM %	PREVIOUS %	SUGGESTED %	APPROVED %
1. Current assets	10		Organizational	20			
2. Less current liabilities	26		experience				
3. Net current assets <i>(working capital lines 1 &amp; 2)</i>			Plant & equipment	30			
4. Cash value of life insurance	14		Performance	50			
5. Total <i>(lines 3 &amp; 4)</i>			Total	100			
6. Multiplying factor		x 12					
7. Net current asset factor							
8. Book value of machine & equipment	11		<b>TOTAL MAXIMUM CAPACITY FACTOR (\$ x %)    PERCENT RATINGS</b>				
9. Multiplying factor		x 6					
10. Total equipment value factor							
11. Total maximum capacity factor <i>(lines 7 &amp; 10)</i>			<b>ELIGIBILITY RATING</b>				
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.



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**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.