



KENTUCKY TRANSPORTATION CABINET
Division of Professional Services
CONSULTING ENGINEER AND RELATED SERVICES
PREQUALIFICATION APPLICATION

TC 40-1
 Dec. 2022
 Page 1 of 18

NAME OF FIRM:	DATE:	STATE:	YEAR ESTABLISHED:
MAIN OFFICE:		TELEPHONE NUMBER:	
Street:	City:	State:	Zip:
KENTUCKY BRANCH OFFICE #1:		TELEPHONE NUMBER:	
Street:	City:	State:	Zip:
KENTUCKY BRANCH OFFICE #2:		TELEPHONE NUMBER:	
Street:	City:	State:	Zip:

CHECK THE PREFERRED MAILING ADDRESS:

Main Office
 Kentucky Branch Office #1
 Kentucky Branch Office #2

WEB SITE ADDRESS:	E-MAIL ADDRESS:	FAX NUMBER:
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This application is based on the following factors: (Check appropriate designation)

ORGANIZATION	TYPE OF APPLICATION	CERTIFIED DBE IN KENTUCKY	TOTAL EMPLOYEES IN FIRM
<input type="checkbox"/> Individual	<input type="checkbox"/> New	<input type="checkbox"/> Yes	_____ Minority Female
<input type="checkbox"/> Partnership	<input type="checkbox"/> Updated	<input type="checkbox"/> No	_____ Minority Male
<input type="checkbox"/> Corporation	<input type="checkbox"/> Reinstatement	(If yes, attach a copy of KYTC certification letter.)	_____ Non-Minority Female
<input type="checkbox"/> Professional Limited Liability Company			_____ Total Employees in Firm
			_____ Total Employees in Kentucky Offices
			_____ Total PE's in Kentucky Offices

Federal Identification Number: _____

Is firm licensed with Kentucky State Board of Licensure for Professional Engineers and Land Surveyors?

Yes
 No
 License Number: _____

I certify the information contained within this application is accurate. SUBMISSION OF FALSE INFORMATION IS CAUSE FOR DENIAL OF PREQUALIFICATION WITH THE KENTUCKY TRANSPORTATION CABINET.

Name of Firm or Individual Submitting Application: _____

Signature: _____

Name of Person Signing: _____

Title of Person Signing: _____

Date: _____

INDICATE TYPES OF PROJECTS FOR WHICH YOUR FIRM REQUESTS PREQUALIFICATION

ROADWAY DESIGN

- Rural Roadway Design
- Urban Roadway Design
- Surveying
- Photogrammetry & Related Services
- Advanced Traffic Engineering Design & Modeling
- Advanced Drainage & Design
- Value Engineering
- E-Plan Room

UTILITY DESIGN

- Communication
- Electrical Level 1
- Electrical Level 2
- Gas Level 1
- Gas Level 2
- Water & Sewer Level 1
- Water & Sewer Level 2
- Petroleum
- Utility Preconstruction Coordination
- Utility Construction Inspection

STRUCTURE DESIGN

- Spans Under 500 Feet
- Spans Greater Than 500 Feet

GEOTECHNICAL SERVICES

- Geotechnical Drilling
- Geotechnical Engineering
- Geotechnical Laboratory Testing

TRAFFIC OPERATIONS

- Traffic Engineering
- Electrical Engineering Traffic Signals
- Electrical Engineering Roadway Lighting

TRANSPORTATION PLANNING

- Transportation Planning Engineering
- Advanced Transportation Planning Engineering
- Road Centerline Data Collection
- Traffic Data Collection
- Traffic Forecasting
- Travel Demand & Simulation Modeling
- Pedestrian & Bicycle Facility Planning & Design
- Conceptual Transportation Planning

CONSTRUCTION ENGINEERING SERVICES

- Construction Project Supervision
- Bridge Painting Project Inspection
- Bridge Painting Project Management
- Structural Steel Fabrication Inspection
- Construction Scheduling / Claims Analysis

RIGHT OF WAY SERVICES

- Acquisition
- Relocation
- Appraisal
- Appraisal Review

MAINTENANCE / BRIDGE MAINTENANCE SERVICES

- In-depth Structure Inspection
- Underwater Structure Inspection
- Tunnel Inspection
- Landscaping Arboriculture

AVIATION

- Airport Master Planning
- Airport Design
- Airport Noise Analysis
- Aviation Project Inspection

ENVIRONMENTAL AQUATIC & TERRESTRIAL ECOSYSTEMS ANALYSIS

- Fisheries
- Freshwater Macroinvertebrates
- Water Quality
- Botany
- Terrestrial Zoology
- Wetlands

ENVIRONMENTAL ARCHAEOLOGY & OTHER SERVICES

- Prehistoric Archaeology
- Historic Archaeology
- Highway Noise Analysis
- Air Quality Analysis
- Stream & Wetland Mitigation
- Socio-Economic Analysis
- Cultural-Historic Analysis
- Environmental Document Writing & Coordination

ENVIRONMENTAL & UST SERVICES

- UST & Hazmat Preliminary Site Assessment (Phase I)
- UST Closure Assessment
- UST Site Investigation (Phase II)
- UST Corrective Action
- Hazmat Site Investigation (Phase II)
- Hazmat Corrective Action

INTELLIGENT TRANSPORTATION SYSTEMS

- Architecture Development
- System Design, Deployment & Integration
- System Maintenance, Management & Operations
- Technology / System Evaluation

TRANSPORTATION DELIVERY SYSTEMS

- Transit Technical Studies
- Transit Management
- Transit Marketing / Advertising

**TOTAL NUMBER OF FULL-TIME PERSONNEL IN YOUR ORGANIZATION
INCLUDING KEY PERSONNEL**

PRIMARY FUNCTIONAL CLASSIFICATION	KENTUCKY OFFICES	OFFICES IN OTHER STATES	TOTAL
Structural Engineers			
Highway Design Engineers			
Surveyors (PLS's)			
Certified Photogrametrists			
Transportation Planning Engineers			
Licensed Landscape Architects			
EIT's			
Geotechnical Engineers			
Construction Engineers			
Environmental Engineers			
Traffic Engineers			
NBIS Team Leaders			
Certified Diver / Civil Engineer (PE)			
NTIS Team Leaders			
Technologist / Technician			
Planners			
Draftsman			
CADD Operators			
Geotechnical Technicians			
Drillers			

**TOTAL NUMBER OF FULL-TIME PERSONNEL IN YOUR ORGANIZATION
INCLUDING KEY PERSONNEL**

PRIMARY FUNCTIONAL CLASSIFICATION	KENTUCKY OFFICES	OFFICES IN OTHER STATES	TOTAL
Construction Inspectors			
Geologists			
Architects			
Archaeologists			
Socio-Economic Specialists			
Noise Specialists			
Air Quality Specialists			
Historians			
Terrestrial Ecosystem Specialists			
Aquatic Ecosystem Specialists			
Hazardous Waste / UST Specialists			
EIS / Technical Writers			
Mechanical Engineers			
Electrical Engineers			
Certified Welding Inspectors (AWS QCI CWI)			
Non-Destructive Testing Inspector of Welds			
Right of Way Project Managers			
Right of Way Buying Agents			
Right of Way Relocation Agents			
Independent Fee Buyers			
Drainage Design Engineers			
Other (Please List)			

OWNERS AND OFFICERS OF FIRM (include title):**Key Personnel of Firm:** (Names and years of experience of full time employees only)**A. Highway Design Engineers (indicate specialty):****L. UST / Hazmat Specialists:****B. Structural Engineers:****M. Landscape Architects:****C. Transportation Planning Engineers:****N. EIS Writers:****D. Traffic Engineers:****O. Historians:****E. Surveyors:****P. Socio-Economic Specialists:****F. Planners (indicate specialty):****Q. Air Quality Experts:****G. Construction Engineers:****R. Noise Specialists****H. Electrical Engineers (indicate specialty):****S. Aquatic Ecosystem Specialists**

1. Fisheries
2. Macroinvertebrates
3. Water Quality

I. Environmental Engineers:**T. Terrestrial Ecosystem Specialists**

1. Botany
2. Zoology
3. Wetlands

J. Geotechnical:**U. Archaeologists**

1. Prehistoric
2. Historic

K. Geologists:**V. Right of Way Project Managers:**

INDICATE KEY MEMBERS OF YOUR FIRM THAT ARE LICENSED PROFESSIONAL ENGINEERS OR LAND SURVEYORS IN KENTUCKY: (Name, Type, and Number are required.)

Name: _____	Type: _____	Number: _____
Name: _____	Type: _____	Number: _____
Name: _____	Type: _____	Number: _____
Name: _____	Type: _____	Number: _____
Name: _____	Type: _____	Number: _____
Name: _____	Type: _____	Number: _____
Name: _____	Type: _____	Number: _____
Name: _____	Type: _____	Number: _____
Name: _____	Type: _____	Number: _____
Name: _____	Type: _____	Number: _____

OUTSIDE ASSOCIATES AND CONSULTANTS USUALLY EMPLOYED BY YOUR FIRM

CATEGORY	NAME OF FIRM OR INDIVIDUAL ADDRESS
A. Civil Engineers	
B. Transportation Planning Engineers	
C. Structural Engineers	
D. Geotechnical Engineers	
E. Photogrammetry	
F. Environmental Specialists (Indicate Specialty)	
G. Architects	
H. Landscape Architects	
I. Other Consultant Affiliations	

PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES WITHIN YOUR FIRM

(Furnish complete data but keep to essentials.)

NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	
NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	
NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	
NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY REGISTRATION:			
Type _____		Year in Which You Were First Licensed _____	
NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	
NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	

PERSONAL HISTORY STATEMENT OF RESPONSIBLE PROFESSIONAL PERSONNEL

(Furnish complete data but keep to essentials.)

NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	
NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	
NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	
NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	
NAME:			
Last: _____		First: _____	Middle Initial: _____
YEARS OF EXPERIENCE IN PROFESSION: _____	YEARS AS PRINCIPAL IN THIS FIRM: _____	YEARS AS PRINCIPAL IN OTHER FIRMS: _____	YEARS OF EXPERIENCE OTHER THAN PRINCIPAL: _____
EDUCATION:			
College: _____		Degree: _____	Year: _____ Specialization: _____
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS _____			
KENTUCKY LICENSURE:			
Type _____		Year in Which You Were First Licensed _____	

PRESENT ACTIVITIES FOR WHICH YOUR FIRM HAS PRIME RESPONSIBILITY

PROJECT / TYPE OF WORK / LOCATION / DESCRIPTION OF ENGINEERING ACTIVITIES	NAME AND ADDRESS OF OWNER	FEE	ESTIMATED COMPLETION DATE OF SERVICES
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PRESENT ACTIVITIES IN WHICH YOUR FIRM IS ASSOCIATED WITH OTHERS:

(Such as Geotechnical, Photogrammetry, Environmental, etc.)

(Indicate phase of work for which your firm is responsible.)

PROJECT:	TYPE OF WORK:
LOCATION:	OWNER:
FEE:	ESTIMATED COMPLETION DATE OF SERVICES:
RESPONSIBILITIES	

PROJECT:	TYPE OF WORK:
LOCATION:	OWNER:
FEE:	ESTIMATED COMPLETION DATE OF SERVICES:
RESPONSIBILITIES	

PROJECT:	TYPE OF WORK:
LOCATION:	OWNER:
FEE:	ESTIMATED COMPLETION DATE OF SERVICES:
RESPONSIBILITIES	

COMPLETED WORK ON WHICH YOUR FIRM WAS THE PRIME FIRM OF RECORD DURING THE LAST 10 YEARS:

PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL NUMBER OF COMPLETED PROJECTS:	(See next sheet) TOTAL FEE: (See next sheet)

COMPLETED WORK ON WHICH YOUR FIRM WAS THE PRIME FIRM OF RECORD DURING THE LAST 10 YEARS:

PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT:	TYPE OF WORK:
LOCATION:	ESTIMATED FEE: YEAR YOUR WORK WAS COMPLETED:
NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL NUMBER OF COMPLETED PROJECTS:	TOTAL FEE:
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COMPLETED WORK ON WHICH YOUR FIRM WAS ASSOCIATED WITH OTHER FIRMS DURING THE LAST 10 YEARS:

(Such as Geotechnical, Photogrammetry, Environmental, etc.)

(Indicate phase of work for which your firm is responsible.)

PROJECT:	TYPE OF WORK:
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LOCATION:	ESTIMATED FEE:	YEAR YOUR WORK WAS COMPLETED:
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NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROJECT:	TYPE OF WORK:
----------	---------------

LOCATION:	ESTIMATED FEE:	YEAR YOUR WORK WAS COMPLETED:
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NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROJECT:	TYPE OF WORK:
----------	---------------

LOCATION:	ESTIMATED FEE:	YEAR YOUR WORK WAS COMPLETED:
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NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROJECT:	TYPE OF WORK:
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LOCATION:	ESTIMATED FEE:	YEAR YOUR WORK WAS COMPLETED:
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NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROJECT:	TYPE OF WORK:
----------	---------------

LOCATION:	ESTIMATED FEE:	YEAR YOUR WORK WAS COMPLETED:
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NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROJECT:	TYPE OF WORK:
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LOCATION:	ESTIMATED FEE:	YEAR YOUR WORK WAS COMPLETED:
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NAME AND ADDRESS OF OWNER:	CONSTRUCTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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TOTAL NUMBER OF COMPLETED PROJECTS:	TOTAL FEE FOR WORK WHICH YOUR FIRM WAS RESPONSIBLE:
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LIST KEY PERSONNEL (include names, dates of employment with prior firms and / or organizations):

NAME	DATE OF PRIOR EMPLOYMENT	FIRM / ORGANIZATION

LIST TRANSPORTATION PROJECTS KEY PERSONNEL HAVE SUPERVISED:

LIST TRANSPORTATION PROJECTS KEY PERSONNEL HAVE SUPERVISED:

--

COMPUTER EQUIPMENT & SOFTWARE:

HARDWARE	SOFTWARE

MAJOR EQUIPMENT:	
	PHOTOGRAMMETRIC:
	ARCHAEOLOGICAL:
	NOISE:
SURVEYING:	AIR:
	AQUATIC & WATER QUALITY:
	TERRESTRIAL:

FINANCIAL STATEMENT

BALANCE SHEET AS OF: _____

TOTAL CURRENT ASSETS

(Including cash, bid deposits, notes, receivable, stocks, bonds, inventories, interest receivable, life insurance) _____

- Individual
- Partnership
- Corporation
- Professional Limited Liability Company

TOTAL FIXED ASSETS

(Net book value of plant, equipment, and real estate) _____

TOTAL CURRENT LIABILITIES

(Judgments, accounts / notes payable owed to subcontractors, accrued taxes, accrued salaries and payrolls, accrued interest payable) _____

TOTAL OTHER ASSETS

(Non-business real estate, land, building improvements, miscellaneous) _____

TOTAL FIXED & OTHER LIABILITIES

(Including mortgage on plant, equipment, and real estate and other liabilities) _____

TOTAL ASSETS

TOTAL LIABILITIES

NET WORTH

(Including individual or partnership capital stock, surplus) _____

ADDITIONAL INFORMATION:

(Use this page for overflow from any of the previous sections)

Empty box for additional information.