



## CONTRACTOR CERTIFICATION APPLICATION

Pursuant to Wis. Stat. s.16.855(2)(a)(6) and (9m), contractors are required to be certified by the Department of Administration as a qualified and responsible bidder **prior** to submitting bids on state construction projects over \$50,000. Contractors must accurately complete all fields on this form, include all necessary attachments, sign and notarize the form, and submit a complete certification application to DFD via email: [dfdcertification@wisconsin.gov](mailto:dfdcertification@wisconsin.gov) or to the mailing address listed above.

<b>A. Company Information</b>		
1. Company Name: _____		
Contact Person: _____		
Address (No P.O. Boxes): _____		
City: _____	State: _____	Zip Code: _____
Phone: _____		
Email: _____		
Website: _____		
2. Years in Business: _____		
Business Organization: (check one)		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other: _____	

<b>B. Division(s) of Work Contractor is Seeking Certification in:</b> (check all that apply)	
<input type="checkbox"/> General	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Fire Protection
<input type="checkbox"/> Electrical	<input type="checkbox"/> Other: _____ (Roofing, Asbestos, etc.)

<b>C. Qualifying Project(s)</b>				
1. Please submit the highest dollar value contract (in the division(s) of work checked above) that the contractor has completed. Please note: This project(s) will be used to help determine the division(s) of work the contractor will be certified to bid on and the dollar threshold(s) the contractor will initially be certified up to.				
Project Title	Owner	A/E	Division(s) of Work	Contract Amount
2. If the above project(s) was <u>not</u> performed for a government entity, please list one public project the contractor has performed for a government entity.				
Project Title	Owner	A/E	Division(s) of Work	Contract Amount

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### D. Necessary Equipment

1. Please list the type and amount of equipment owned by the contractor.
2. If the contractor does not own equipment, please describe the method and means used to access all necessary equipment to perform project work properly and expeditiously.

### E. Organizational Capacity and Technical Competence

- |  |  |
|--|--|
| <ol style="list-style-type: none"><li>1. Please list the number of salaried personnel employed in the following categories:<br/><br/>____ Office<br/>____ Project Management<br/>____ Superintendents<br/>____ Skilled</li></ol> | <ol style="list-style-type: none"><li>2. Please list the number of licensed personnel employed in the following trades:<br/><br/>____ Mechanical<br/>____ Electrical<br/>____ Plumbing<br/>____ Fire Protection<br/>____ Other _____</li></ol> |
|--|--|

### F. Bonding and Financial Information

- |  |  |
|--|--|
| <ol style="list-style-type: none"><li>1. Name and Address of Bonding Company</li></ol>   | <ol style="list-style-type: none"><li>2. Bonding Capacity:<br/>100% Performance Bond: \$ _____<br/>100% Payment Bond: \$ _____<br/>A complete certification application must include an attached letter from the contractor's bonding company verifying the contractor's separate performance and payment bond capacities.</li></ol> |
| <ol style="list-style-type: none"><li>3. As of certification application date, how much uncompleted work does the contractor have under contract?<br/>\$ _____</li></ol> |  |

### G. Record of Satisfactorily Completing Projects

Pursuant to Wis. Stat. s.16.855(9m)(b)2.d., by checking the following boxes, the contractor attests that:

- Contractor has completed all contracts in accordance with drawings and specifications;
- Contractor has diligently pursued execution of work and completed contracts according to the time schedule;
- Contractor has fulfilled guarantee requirements of contracts;
- Contractor has complied with applicable affirmative action program requirements;
- Contractor has complied with applicable safety program requirements.

If you have never held a construction contract with the State of Wisconsin, please submit the contact information for two references who can attest to contractor's record of satisfactorily completing construction projects.

- |    | <u>Name</u> | <u>Company</u> | <u>Phone</u> | <u>Email</u> | <u>Project Title</u> |
|----|-------------|----------------|--------------|--------------|----------------------|
| 1. |             |                |              |              |                      |
| 2. |             |                |              |              |                      |

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**H. Statement of Responsibility**

Pursuant to Wis. Stat. s.16.855(9m)(b)2.e,g,j,k, and L, by checking the following boxes, the contractor attests that:

- Contractor is a legal entity and authorized to do business in Wisconsin.
- Contractor is not on an ineligible list that the department maintains under s. 16.705(9) or 16.765(9) or on a list that another agency maintains for persons who violated construction related statutes or administrative rules.
- In any jurisdiction, the contractor, in the previous 10 years, has not been debarred from any government contracts and has not been found to have committed tax avoidance or evasion.
- In any jurisdiction, in the previous 10 years, contractor has not been disciplined under a professional license.
- In any jurisdiction, none of the contractor's employees and no member of the contractor's organization has been disciplined under a professional license that is currently in use.

I have attached the bonding capacity letter from the contractor's bonding company, as required by item F on this application. I have read the above and foregoing statements on all pages of the Contractor Certification Application made on behalf of:

\_\_\_\_\_ (insert contractor name)

I hereby state under oath, that to the best of my knowledge and belief, all such statements are true and correct.

Signed \_\_\_\_\_

Print Name	Title	Date
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Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_

My Commission expires \_\_\_\_\_, 20 \_\_\_\_

DFD may request additional information pursuant to Wis. Stat. s. 16.855 in order to reach a certification decision.  
 This form can be made available in alternate formats to individuals with disabilities upon request.