

**MINISTRY OF WORKS AND TRANSPORT**  
Corner Richmond and London Streets, Port of Spain

**PRE QUALIFICATION**  
**QUESTIONNAIRE**  
**for**  
**CONTRACTORS**

**April 15, 2016**

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**Please read each field carefully and fill out in BLOCK LETTERS. All fields are mandatory where applicable. Forms with incomplete or inaccurate information will not be acknowledged. Applications must be delivered in person. Please note that qualification does not guarantee an award of contract.**

## 1.0 COMPANY GENERAL INFORMATION

<b>Business Name:</b>		
<b>Business Address:</b>		
----- Street Name	Town / City	
----- Town / City	<p style="text-align: center; margin: 0;"><b>MANDATORY</b></p> <p style="margin: 0;"><b>County:</b></p> <p style="margin: 0;">St George East <input type="checkbox"/> Victoria East <input type="checkbox"/> Caroni <input type="checkbox"/> Tobago <input type="checkbox"/> Nariva/Mayaro <input type="checkbox"/></p> <p style="margin: 0;">St George West <input type="checkbox"/> Victoria West <input type="checkbox"/> St Patrick <input type="checkbox"/> St Andrew/ St David <input type="checkbox"/></p>	
<b>Telephone No:</b>	<b>Mobile No.</b>	<b>Fax:</b>
<b>Email Address:</b>		
<b>Mailing Address (if different):</b>		
<b>PRIMARY CONTACT</b>		
<b>Name:</b>		<b>Position:</b>
<b>Email:</b>	<b>Telephone:</b>	<b>Fax:</b>
	<b>Mobile:</b>	
<b>OFFICERS</b>		
<b>President/C.E.O:</b>		
<b>Vice President/Managing Director:</b>		
<b>Corporate Secretary:</b>		
<b>Type/Structure of Organization (Please tick appropriate option):</b>		
Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Private Company (with unlimited liability) <input type="checkbox"/>
Limited Liability <input type="checkbox"/>	Joint Venture <input type="checkbox"/>	Consortium <input type="checkbox"/>
Unspecified <input type="checkbox"/>	Other <input type="checkbox"/>	
If other, please specify:----- -----		
<b>Addresses of Subsidiary Offices (if any):</b>		
----- ----- -----		

## 1.1 CONTRACTORS' FIELD OF SPECIALIZATION AND SERVICES OFFERED

Please indicate the Contractors' Field of Specialization and Services Offered.

Desilting Work <input type="checkbox"/>	Reinforced concrete & rubble masonry river wall
Reinforced concrete and reinforced block box drain <input type="checkbox"/>	Hydraulic structures including flap & sluice gates <input type="checkbox"/>
Road rehabilitation and patching <input type="checkbox"/>	Slope Stabilization (landslip repairs) <input type="checkbox"/>
Drainage - Construction of box drains and culverts <input type="checkbox"/>	Constructions of Sidewalk <input type="checkbox"/>

## 1.2 Business Registration / Incorporation Details

Directors/Owners				
Name		Start Date	End Date	Address
First Name	Surname	dd/mm/yyyy	dd/mm/yyyy	

Secretaries				
Name		Start Date	End Date	Address
First Name	Surname	dd/mm/yyyy	dd/mm/yyyy	

### 1.3 REGISTRATION DETAILS

Please provide copies of the undermentioned Incorporation Documents:	
Notice of Directors	Last Annual Return Filed
Notice of Secretary	Certificate of Incorporation/Continuance
Notice of Address	Registration Certificate
Articles of Association	
Certificate Information	
V.A.T No:	Valid V.A.T Clearance Certificate
B.I.R No.:	Valid Income Tax Certificate
N.I.S Reg. No:	

## 2.0 Asset Register

Qty	PLANT / EQUIPMENT TYPE	Model	OWN OR RENT?	Year of Manufacturer	ARE PLANT / EQUIPMENT IN WORKING CONDITION?	
				yyyy/mm/dd	Yes	No

## 3.0 Financial Capacity

<b>FINANCIAL CAPACITY</b>
<p><b>Please provide the following financial information:-</b></p> <p>a) A copy of the Financial Statements of your organization for the last three (3) years of trading or for the period that is available if trading is less than three (3) years to demonstrate the soundness of the Company's Current Financial position. <b><u>Financial Statements must be signed by a Certified Accountant. Audited Financial Statements are preferred.</u></b></p> <p>b) If the organization is a Subsidiary or Group, the information in (a) above is required for both the subsidiary and the Ultimate Parent Company. Where a Consortium or Association is proposed, the information is requested for each member Company.</p>
<p>Please indicate reasons for any non-submission of information.</p>

**Bank Information**

Name and Address of Bank/Financial Institution.

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Telephone Number: \_\_\_\_\_

**4.0 Breach of Contract**

Has the business or any of its affiliates ever been liable for Breach of Contract?      Yes [ ]      No [ ]

If yes, please provide details:

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Do you have any judgements currently outstanding?      Yes [ ]      No [ ]

If yes, please provide details:

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## 5.0 Supporting Documents

Must attach the following documents along with your completed registration form:

- Copies of two (2) forms of Valid National Identification i.e. (National I.D. Card, Passport, Drivers Permit) of each Director or Sole Trader.

## 6.0 Terms and Conditions

**The Ministry of Works and Transport (MOWT)** reserves the right to make reasonable inquiries of clients and related people indicated in this submission so as to establish performance levels and performance capacities of the Applicants. We advise that all information received will be considered confidential and will be maintained accordingly.

We contend that the information provided is certified as a true and fair representation and it is acknowledged that if facts are acquired by the Ministry by means of reasonable investigations which indicate differently, the Ministry retains the discretionary authority to disqualify the applicant from further consideration and may remove the Applicant(s) name from any list the Ministry may maintain. It is also acknowledged that all costs incurred whilst preparing this prequalification submission are for the account of the Applicant.



## 7.0 Statement of Submission

I hereby certify that all information specified in this registration form and supporting documents is true and accurate. I understand and agree that if any of the information herein is found to be false or misleading the Ministry reserves the absolute right to disqualify the application and immediately revoke the registration of the company from its list of contractors and suppliers. Should a contract be awarded as a result of the misrepresentation on the particulars of the registration, the MOWT reserves the right to rescind the contract upon the discovery of the false or misleading information.

Applicant Name (Blocks): \_\_\_\_\_

FIRST NAME

SURNAME

National I.D/PP/D.P. Number: \_\_\_\_\_

Position /Job Title: \_\_\_\_\_

(Authorized) Signature: \_\_\_\_\_

Date:      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
              dd / mm / yyyy



Company Stamp Here

**8.0 CHECKLIST** (Not limited to the following)

	<b>CHECKLIST</b>
<input type="checkbox"/>	Certificates and Clearances
<input type="checkbox"/>	Incorporation/Registration Document
<input type="checkbox"/>	Financial Statements (Audited preferred)
<input type="checkbox"/>	Client Reference Letters
<input type="checkbox"/>	Is the Questionnaire signed and dated?

N.B. Your Questionnaire may not be processed if any of the aforementioned information is not submitted.

For Official Use Only

Date: \_\_\_\_\_

Processing Officer: \_\_\_\_\_

**Name in Blocks**

**Signature**