



PUEBLO OF ACOMA COMMUNITY DEVELOPMENT OFFICE PREQUALIFICATION PACKET

(For POA CDO use only)			
Receipt Date:	Approval Date:	Approved By:	Notes:
Notice of Receipt Date:			

INSTRUCTIONS:

1. Prime Contractors must have an approved prequalification status at least seven (7) calendar days prior to bid opening or bid will be rejected. (Deadlines are calculated from the date POA CDO receives the packet.)
2. Packets will be issued electronically unless the contractor requests a hardcopy in writing. Please submit completed packet electronically. E-mail completed packet to: criley@poamail.org
3. Only a timely, complete, and conforming packet will be accepted for approval. **Every box** must be completed. If the information does not apply to your company, please respond with **NONE or NO**.
4. Do not answer with **N/A** or not applicable. Do not leave questions blank.
5. Attach additional sheets as needed. Indicate the section and question number in the upper right hand corner of the additional sheet.
6. Renewal packets will **NOT** be accepted more than thirty (30) calendar days before the date of expiration of the applicant's prequalification status.
7. It is your responsibility to timely complete and submit the packet before your prequalification status expires each year.
8. Prequalified status automatically terminates one year from the prequalified date on the Prequalified Contractors and Subcontractors List.
9. All supporting information must be issued to and match the business name of the applicant.

PART I: GENERAL INFORMATION

Business Name:		Telephone Number:	Fax Number:
Mailing Address:		City, State, Zip Code:	
Physical Address:		City, State, Zip Code:	
Telephone Number:		Email Address:	
Business Type: <input type="checkbox"/> Corporation: <i>(Cooperative Associations, Professional Corporations, Indian Pueblos, Business Corporations, and Limited Liability Companies)</i> <input type="checkbox"/> Partnership: <i>(Uniform Partnership, Limited Liability Partnership)</i> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Consolidated Company		Status: <input type="checkbox"/> Prime <input type="checkbox"/> Subcontractor	
SAM.gov UEI Number: <i>Required</i>	Pueblo of Acoma Business Registration License #: <i>Required</i>	EMR Number: <i>Required</i> <i>Attach verification</i>	Age of Business:

PART II: BUSINESS INFORMATION - PERSONNEL & AFFILIATES

<p>1. List the director(s), officer(s), owner(s), member(s), or partner(s) in your business and the percentage of ownership <i>(Attach additional sheet if necessary)</i>:</p> <p>Name of Individual/Business: _____ Percent of Ownership: _____</p>
<p>2. Has your business reformed within the past five years?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, complete below: What was the previous Pueblo of Acoma Business Registration Number and Federal Unique Entity Identifier (UEI) Number?</p> <p>POA Business Registration #: _____ Federal UEI#: _____</p>
<p>3. List the individuals or employees of your business that are involved in the management and supervision of projects if other than those listed above: <i>(Attach additional sheet if necessary)</i></p> <p>Name: _____ Position/Title: _____</p>
<p>4. List all affiliates of the applicant including but not limited to (1) Joint Ventures, (2) Subsidiaries, (3) Parent Company, (4) Companies owned or controlled by the parent company, (5) Any company or firm having some mutual owners as the applicant which does business with the applicant: <i>(Attach additional sheet if necessary)</i></p> <p>Name of Business: _____ Address: _____ Relationship: _____</p>
<p>5. Identify each of those listed in Question 1 with financial interest in any other business prequalified with the NMDOT, state the name of the other businesses and the percentage of ownership: <i>(Attach additional sheet if necessary)</i></p> <p>Name of Individual/Business: _____ Percent of Ownership: _____</p>

PART III: BUSINESS TYPE & OTHER INFORMATION

6.	My business is a corporation, <input type="checkbox"/> No <input type="checkbox"/> Yes, complete below: Date Incorporated: _____ State Incorporated: _____
7.	How many years has your business been a: Prime Contractor: _____ Subcontractor: _____
8.	Has your business defaulted on any public works project in the preceding three (3) years? <i>If yes, please specify:</i> Government Agency: _____ Project: _____ Date: _____ Location: _____ Detailed Explanation: (Attach additional sheet if necessary)
9.	Have you, your director(s), officer(s), owner(s), member(s), partner(s) or employee(s) of your business pled guilty, been convicted of, or have a civil judgment entered for any offense listed in NMSA 1978, Section 13-1-178 (2013) or 18.28.4.8 NMAC? Detailed Explanation: (Attach additional sheet if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Date: _____
10.	Have you, your director(s), officer(s), owner(s), member(s), partner(s) or employee(s) of your business been debarred or suspended by any State, Local or Federal entity? Detailed Explanation: (Attach additional sheet if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Date: _____
11.	If your company is licensed to work in New Mexico, provide your license number, classification, and expiration date. License Number: _____ Classification(s): _____ Expiration Date: _____

**PREQUALIFICATION
AFFIDAVIT**

STATE OF _____)
County of _____)

_____ being first duly sworn deposes and says that _____ he/she is employed by _____ in the capacity of _____ and has authority to execute this Affidavit on behalf of the company. Further, Affiant certifies that _____ he/she has carefully read the answers provided in the foregoing Prequalification Packet and, under penalty of perjury, certifies that the answers are true and correct.

Further Affiant sayeth not.

Affiant

Subscribed and sworn to before me a notary public in and for the County of _____ this _____ day of _____, 20 _____.

My commission expires: _____

Notary Public

E-mail completed Prequalification Packet to:
criley@poamail.org