



# LOS ANGELES UNIFIED SCHOOL DISTRICT FACILITIES CONTRACTS

## **MECHANICAL, ELECTRICAL, AND PLUMBING (MEP)** **SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE**

### **OVERVIEW**

By submitting this Prequalification Questionnaire to the Los Angeles Unified School District (“District” and/or “LAUSD”), a contractor (“Applicant,” and/or “YOU”) is requesting to be prequalified for a period of one (1) calendar year to perform work as a Mechanical, Electrical, or Plumbing (“MEP”) subcontractor on a District formal construction project. Applicants that are prequalified under the Subcontractor Prequalification Questionnaire will also be prequalified to perform work as a prime contractor on District informal construction projects. Non-MEP subcontractors do not need to apply for Subcontractor Prequalification to perform on District construction contracts. **NOTE: Prequalification under the Subcontractor Prequalification Questionnaire does not prequalify Applicant to bid on formal and/or job order contracts as a prime contractor. If Applicant wishes to prequalify and bid as a prime contractor on formal and/or job order contracts, it must submit and obtain approval under the District’s Prime Contractor Prequalification Questionnaire.**

A “subcontractor” as used in this Subcontractor Prequalification Questionnaire is a Mechanical, Electrical, or Plumbing (“MEP”) contractor holding an A, C-4, C-7, C-10, C-16, C-20, C-34, C-36, C-38, C-42, C-43, or C-46 license classification who contracts directly with a prime contractor to perform any MEP component work on a District formal construction project.

A “District formal construction project” as used in this Subcontractor Prequalification Questionnaire includes, but is not limited to, a project with a District contract governed by Public Contract Code section 20111(a)(3) or (b), Education Code sections 17250.10 *et seq.*, 17406 or 17407, or Public Contract Code section 20919 *et seq.*

A “District informal construction project” as used in this Subcontractor Prequalification Questionnaire includes, but is not limited to, a project with a District contract governed by Public Contract Code section 20111(a); and adjusted annually for inflation. The California Department of Education sets the current bid threshold of informal contracts.

Applicant must answer **ALL** questions, fill in **ALL** blanks and provide **ALL** required references. If a particular question does not apply, then the response must indicate that it is not applicable (“N/A”). Applicant must provide current, accurate and complete information. Incomplete or inaccurate documentation may result in the rejection or the denial of the Subcontractor Prequalification Questionnaire. The Subcontractor Prequalification Questionnaire, along with any supporting documentation and Performance and Safety evaluation forms, are **not** public records and are **not** open to public inspection.

Applicant’s submission of the Subcontractor Prequalification Questionnaire specifically authorizes the District to investigate any and all statements made by Applicant, and the District is entitled to request and obtain from Applicant and/or any third parties additional documentation or information which the District believes may be relevant, and to use and rely on such documentation and information in its prequalification determination. If any false information or data is submitted in the Subcontractor Prequalification Questionnaire, the District may deny Applicant’s subcontractor prequalification or revoke previously granted approval and/or, if an award has previously been made, terminate any construction contract. Any material or intentional omission or false statement may result in Applicant’s disqualification. If any information provided by Applicant becomes inaccurate, Applicant must immediately notify the District and provide updated accurate information in writing, under penalty of perjury. Failure to do so may result in the disqualification or revocation of Applicant’s prequalification. The District may adjust, limit, suspend or rescind Applicant’s subcontractor prequalification based on subsequently learned information. Applicant’s subcontractor prequalification will not preclude the District from post-bid consideration and determination of whether a bidder has the quality, fitness, capacity and experience to satisfactorily perform the proposed work, and has demonstrated the requisite trustworthiness. The District reserves the right to impose additional requirements and contractor qualifications for specific construction contracts that exceed the prequalification requirements.

**APPLICANT MUST VERIFY ACCURACY OF ALL ANSWERS UNDER OATH BY AFFIXING ON PAGE 21 (CERTIFICATION) THE SIGNATURE OF A PERSON AUTHORIZED TO SIGN ON BEHALF OF APPLICANT.**

### **SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE SUBMITTAL**

Subcontractor Prequalification Questionnaires are accepted on an ongoing basis. Prequalification will be valid for one (1) calendar year beginning on the day following the District's written notice that Applicant has received prequalification approval, provided that during such time Applicant remains in good standing with all District prequalification and contract requirements. If Applicant fails to be approved for prequalification, a waiting period may be imposed before Applicant may reapply based upon the reasons for the disqualification.

### **MANDATORY SAFETY PREQUALIFICATION**

Safety Prequalification is required for every Applicant, regardless of prequalification level, that submits a bid and performs work on any District construction contract (regardless of type, size or scope). No additional prequalification level (I, II, or III) is required if Applicant intends to bid solely on Informal (A & B Letter) contracts.

### **SUBCONTRACTOR PREQUALIFICATION REQUIREMENTS:**

Applicant must satisfy **ALL** of the following requirements:

1. Possess an appropriate, current, and active California State Contractor's license.
2. Be currently registered as a public works contractor with the California Department of Industrial Relations ("DIR").
3. Obtain a 10-digit LAUSD SAP vendor number by visiting the Supplier Self-Registration Portal: <https://www.laschools.org/new-site/prequalification/>. The SAP Vendor Number must be provided at the time of submittal.
4. Fully complete and submit the most current version of the District's Prime Contractor Prequalification Questionnaire, and submit all of the following required documents:
  - a. **Authorized Signers**: Attach a notarized list of signatures for those authorized to sign on behalf of the company. All signatures must be notarized.
  - b. **Notarized letter of bondability**: Attach a notarized statement from an admitted surety insurer (approved by the California Department of Insurance) with at least an A- VII Rating according to the current report published by A.M. Best Company which states Applicant's current available single and aggregate bonding capacity. The letter must be written by the surety company, accompanied by a Power of Attorney from the surety company, and addressed to the District. **NOTE**: A request to increase Applicant's bid rating must be submitted and approved by the District at least seven (7) calendar days prior to a bid opening and **MUST NOT BE INCLUDED** in a sealed bid envelope.
  - c. **Financial Statement**: Attach a copy of a reviewed or audited financial statement dated within the last eighteen (18) months, with accompanying notes and supplemental information. A financial statement that is not reviewed or audited is not acceptable. A letter verifying availability of a line of credit may also be attached; however, it will be considered as supplemental information only, and is not a substitute for the required financial statement. **NOTE**: A contractor who has classified as a small business pursuant to Government Code section 14837(d)(1) is exempted from this requirement. If applicable, a current statement of income and balance sheet must be attached in lieu of a financial statement.
  - d. **General liability insurance coverage**: Attach a copy of a current certificate of General Liability Insurance coverage of at least \$1,000,000 per occurrence / \$2,000,000 aggregate with a California-admitted insurance company and Workers Compensation Coverage to cover all activities of Applicant. The certificate of General Liability Insurance must name "Los Angeles Unified School District" as Additional Insured.
  - e. **Bank Letter**: Provide a signed letter(s) from Applicant's bank(s) on bank letterhead stationery, dated within the last six (6) months, confirming Applicant's relationship, credit, and banking history. The letter should list the name of Applicant's financial institution(s), the type of account(s) Applicant has, name of the branch manager, and his or her contact information.
  - f. **Partnership Agreement (only if Applicant is a partnership)**: Attach a copy of the agreement creating Applicant's partnership and specifying that all partners agree to be fully liable for the performance under a construction contract.

5. Meet all of the requirements in the District's Prime Contractor Prequalification Questionnaire.
6. **Contractor Performance Requirements:** Applicant's performance history will be measured according to two separate components: (1) Field Component, and (2) Compliance Component. Applicant must pass both Components, the sum of which becomes the Contractor Performance Score ("CPS"):

(1) **Field Component:** The Field Component is based on Applicant's verified Contractor Performance Evaluations ("CPE's"). CPE's are used to report the safety and performance of Applicant on completed LAUSD and non-LAUSD construction contracts. Applicant must receive an average score of at least 20 out of 50 points on the CPE's based on the last three (3) construction contracts completed within the last five (5) years.

- a. LAUSD projects: The District's Owner's Authorized Representative ("OAR") coordinates with the Inspector of Record ("IOR") and End User to complete the CPE. LAUSD contract experience will supersede any non-LAUSD contracts submitted.
- b. Non-LAUSD projects: If Applicant has not completed at least three (3) LAUSD construction contracts within the past five (5) years, Applicant must submit references for at least three (3) completed public or private construction contracts. It is Applicant's responsibility to ensure references are willing and available to provide a CPE to the District.

**NOTE:** If the District determines that there are substantial safety and/or performance issues with a contract, a preliminary Performance Evaluation of Applicant may be conducted during the course of that project, prior to its completion, and from that evaluation, if necessary, appropriate action will be taken.

(2) **Compliance Component:** If Applicant has completed LAUSD construction contracts as a prime contractor in the past five (5) years, its compliance with specific criteria will be measured and scored. To satisfy this requirement, Applicant must receive a minimum score of at least 35 out of 50 points. If Applicant has not completed any LAUSD construction contracts in the past five (5), it will receive a score of 50 points. The applicable compliance criteria are as follows:

- a. Labor Compliance
- b. Project Stabilization Agreement ("PSA")
- c. Bid Issues/Protests
  - i. Requests to be Released from Bid
  - ii. Bid Protests on LAUSD bids that were deemed by LAUSD to be without merit
  - iii. Number of subcontractor substitution requests (for either your firm or a subcontractor) that were denied or for which a penalty was assessed
- d. Assessments
  - i. Liquidated Damages assessed
  - ii. Stop notices
  - iii. Permanent Withholds due to failure to complete punch list items or for stop notices that were not released

## **SUBMITTAL OF PREQUALIFICATION QUESTIONNAIRE**

Applicant's questionnaire and supplemental documents, as well as any questions regarding the District's prequalification process, must be directed via email to: [prequalification@laschools.org](mailto:prequalification@laschools.org).

## **RENEWAL OF PREQUALIFICATION**

In order to avoid a lapse in prequalification, a new completed Prequalification Questionnaire must be submitted by Applicant and approved by the District prior to expiration of Applicant's existing Prequalification term. It is the responsibility of the Applicant to ensure submittal is received in a timely manner to avoid lagged processing times.

## **PROCEDURE FOR ADMINISTRATIVE APPEAL OF PREQUALIFICATION RESULTS**

There is no administrative appeal permitted from the District's rejection or denial of a Contractor Prequalification Questionnaire due to its incomplete or untimely submission. A list of prequalified contractors will be made available by the District to all bidders at least five (5) business days prior to the date fixed for the public opening of sealed bids. The closing time for bids will not be changed in order to accommodate supplementation of incomplete or untimely submissions.

Prior to disqualifying Applicant, the District will provide a written notice to Applicant stating the conditions that may lead to disqualification. Request for a Prequalification Administrative Review (“PAR”) shall be submitted in writing by Applicant within **fourteen (14) calendar days** from date of issuance of the District’s written notification. A PAR notice will thereafter be sent to Applicant by the District, providing Applicant with the deadline for submittal of all evidence to be considered at the PAR, as well as the date, time and location of the PAR. Applicant’s failure to respond to any PAR notices, or attend the PAR, will result in disqualification. The District’s written determination following the PAR shall be considered final.

## **FINGERPRINTING**

If pending a District contract award, Contractor, its employees, agents, subcontractors, and subcontractor employees who go to school sites when students are present will be required to comply with the requirements of the California Education Code Sections 45125.1 and 45125.2 at no cost to District. In accordance with Section 45125.1 (d) all personnel going to the school site(s) must submit his or her fingerprints to the California Department of Justice (DOJ) in a manner authorized by the DOJ to determine whether the employee has been arrested or convicted of any crime. All personnel who may come in contact with students must be cleared by DOJ (Section 42125.1(f)). Any person who has been arrested or convicted of any serious or violent felony, as defined by California Penal Code Sections 667.5 and 1192.7 will not be allowed on District property. Contractor is responsible for the administration and all costs relating to the fingerprinting and screening by the DOJ of all candidates. Confirmation of the DOJ clearance or confirmation that the fingerprints have been submitted to DOJ must be submitted to the District prior to employees visiting the school site. Contractor is responsible for ensuring all employees are instructed as to appropriate conduct where children are present. For more information and to download forms, please visit the DOJ: <https://oag.ca.gov/fingerprints>.

# LOS ANGELES UNIFIED SCHOOL DISTRICT FACILITIES CONTRACTS

## MECHANICAL, ELECTRICAL, AND PLUMBING (MEP) SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

### PART I: APPLICANT CONTACT INFORMATION

Please fill out Applicant's current information below. Provide the name of Applicant's firm as it appears on the Contractors State License Board (CSLB). Provide Applicant's physical street address, as well as the contact person for this Subcontractor Prequalification Questionnaire. **NOTE:** Unless stated otherwise, all references to "Applicant" in this Questionnaire refer to the name of the firm, not to any individuals.

Applicant Name (Name of Firm): \_\_\_\_\_

Doing Business As: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
(Attach Fictitious Name Statement)

Applicant's California contractor license number and expiration date: \_\_\_\_\_

DIR public works contractor registration number and expiration date: \_\_\_\_\_

SAP Vendor Number: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(P.O BOX IS NOT ACCEPTABLE)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Contact Person: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Entity Type (Check One): ☐ Corporation (attach copy of the Articles of Incorporation or the Minutes of the Corporation to verify officers); ☐ Partnership (attach a copy of the partnership agreement creating the partnership and specifying that all partners agree to be fully liable for the performance of a construction contract);  
☐ Sole Proprietor; ☐ Joint Venture

Is Applicant certified by a public works agency as (Please check the appropriate box/es and attach proof):

☐ Small Business Enterprise *or* ☐ Disabled Veterans Business Enterprise

(Certifying Agency) \_\_\_\_\_

What percentage of Applicant's workers on jobsites in the last three (3) years has been OSHA 10-Hour trained? \_\_\_\_\_

What percentage of Applicant's workers on jobsites in the last three (3) years has been OSHA 30-Hour trained? \_\_\_\_\_

During the last three (3) years, what percentage of the apprentices used on Applicant's jobsites completed 3,500 or more on-the-job training hours? \_\_\_\_\_

During the last three (3) years, what percentage of the journey-level workers used on Applicant's jobsites graduated from a California-approved apprenticeship program? \_\_\_\_\_

List all classifications/certifications, and the names of each qualifying individual listed on the CSLB records who meets the experience and examination requirements for the license (attach additional sheets, if necessary):

CSLB Classification(s)/Certification(s)	Name(s) of all Qualifying Individual(s)	Expiration Date

## PART II: MANDATORY REQUIREMENTS FOR PREQUALIFICATION

<b>Applicant <u>may be immediately disqualified</u> if any answer to Questions 1-9 is “Yes” (except as permitted).</b>		
1. Has Applicant’s contractor license or other professional license been revoked at any time in the last five (5) years?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
2. At any time in the past five (5) years, has Applicant been found by an awarding body to not be a responsible bidder?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
3. Has Applicant submitted three (3) or more bids that were determined to be “Non-responsive” on any public works contracts within the past three (3) years?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
4. Within the last five (5) years, has Applicant, its owners, officers, partners, or any managing employees, been terminated from any public or private construction project by anyone (including, but not limited to, an owner, prime contractor or subcontractor)? <b>NOTE: “Terminated” includes termination based on any misconduct, such as failure to comply with contractual, statutory or other legal obligations, attributed to Applicant (or its owners, officers, partners, or any managing employees), its subcontractors of all tiers and/or suppliers. This applies to all public or private construction projects in which Applicant (or its owners, officers, partners, or any managing employees) was performing as a prime contractor or subcontractor of any tier. This also includes, but is not limited to, any termination notice by an owner’s representative regardless whether a board or other official of the owner formally approved/ratified the termination.</b> <b>NOTE: If all terminations were either for (a) convenience, or (b) subsequently withdrawn or reversed, check “No” and explain each such instance on a separate signed sheet of paper.</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
5. Has a surety firm completed a contract on Applicant’s behalf, or paid for completion because Applicant was terminated by a public or private project owner within the last five (5) years? <b>NOTE: “Terminated” includes termination based on any misconduct, such as failure to comply with contractual, statutory or other legal obligations, attributed to Applicant (or its owners, officers, partners, or any managing employees), its subcontractors of all tiers and/or suppliers. This applies to all public or private construction projects in which Applicant (or its owners, officers, partners, or any managing employees) was performing as a prime contractor or subcontractor of any tier. This also includes, but is not limited to, any termination notice by an owner’s representative regardless whether a board or other official of the owner formally approved/ratified the termination.</b> <b>NOTE: If all terminations were either for (a) convenience, or (b) subsequently withdrawn or reversed, check “No” and explain each such instance on a separate signed sheet of paper.</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
6. At the time of submitting this Questionnaire, is Applicant, any of its officers, supervisors, managers, or any affiliated firm or individual ineligible to bid on or be awarded a public works contract, or perform as a subcontractor on a public works contract, pursuant to either Labor Code section 1777.1 or Labor Code 1777.7, or any other federal, state, county, municipal or other local law providing for the debarment of contractors from public works? If the answer is “Yes,” state the beginning and ending dates of the period of debarment: _____  <b>NOTE: If the answer is “Yes,” and if debarment would be the sole reason for disqualification, any prequalification issued will exclude the debarment period.</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

7. Has Applicant, or any of its owners, officers, partners or managers ever been found liable in a civil suit or convicted of a crime involving any federal, state, or local law related to construction, the bidding, awarding, or performance of a government contract, antitrust statutes, racketeering statutes, safety and health regulations, environmental laws, laws banning workplace discrimination, laws governing wages, hours or labor standards, or laws involving fraud, theft, or any other act of dishonesty?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
8. Is Applicant currently the debtor in a bankruptcy case? If the answer is "Yes," attach a copy of the bankruptcy petition showing the case number and date on which the petition was filed.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
9. Does Applicant, any of its officers, supervisors, managers, or any affiliated firm or individual currently have any delinquent liability to an employee, the state, or any awarding body for any assessment of back wages or related damages, interest, fines or penalties pursuant to any final judgment, order, or determination by any court or any federal, state, or local administrative agency, including a confirmed arbitration award?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

### PART III: APPLICANT DISCLOSURES

1. How many years has Applicant been in business in California as a contractor under its present business name and license number?	_____ Years
2. Has there been any change in ownership of Applicant firm at any time during the last five (5) years? If "Yes," explain on a separate signed page. <b>NOTE:</b> A corporation whose shares are publicly traded is not required to answer this question.  or check: N/A <input type="checkbox"/> because Applicant is a publicly traded corporation.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
3. Has Applicant changed names or license number in the past five (5) years? If yes, explain on a separate signed page, including the reason for the change.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
4. Is Applicant a subsidiary, parent, holding company or affiliate of another construction firm? If yes, explain on a separate signed page. Include information about other firms if one firm owns fifty percent (50%) or more of another, or if an owner, partner, or officer of Applicant holds a similar position in another firm.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
5. Have any of Applicant's corporate officers, partners or owners operated or been connected to any other construction firms under any other name in the last five (5) years? If yes, explain on a separate sheet of paper. Include the person's name, construction firm name, and dates of participation.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
6. If Applicant was required to pay a premium of more than one percent (1%) for a performance and payment bond on any project(s) on which Applicant worked at any time during the past three (3) years, state the largest percentage that Applicant was required to pay. On a separate sheet of paper, Applicant may provide an explanation for a percentage rate higher than one percent (1%), if it wishes to do so.	_____% <b>Or, paid 1.00% or less</b> <input type="checkbox"/>
7. How often does Applicant require documented safety meetings to be held for construction employees and field supervisors during the course of a project?	_____ times per week, or _____ times per month
8. Does Applicant regularly utilize a third-party consultant to review labor compliance documents of subcontractors on a public works project?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

9. Provide Applicant’s gross revenues, including revenues deriving from construction work, within the last three (3) years:

Year	Gross Revenue (Dollar Amount)	Gross Revenue Derived from Construction (Dollar Amount)	Number of Construction Contracts

10. Bonding capacity:

Name of Applicant’s bonding company/surety: \_\_\_\_\_

Applicant’s surety agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

11. List all other sureties (company name and address) that have written bonds for Applicant during the last five (5) years, including the dates (*i.e.*, time periods) during which each wrote the bonds:

Surety Name	Address	Dates ( <i>i.e.</i> , time periods) bonds written

12. Identify each current owner, officer, partner, or managing employee of Applicant previously employed by LAUSD (Please type “N/A” if not applicable):

Name	Current Title	Title(s) with LAUSD	Start/End Dates of Employment with LAUSD

13. At any time during the past five (5) years, has Applicant shared office space, warehouse space, yard, plant or shop facilities, staff, equipment, telecommunications or other assets with any other construction firm? If yes, identify and explain:

Construction Firm	Description of Sharing Agreement	Location of Facilities



14. Provide the name, address and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from which Applicant *intends* to request the dispatch of apprentices to employ for use on any public works project awarded by the District:

Name of Apprenticeship Program	Address	Phone

15. Provide the name, address and telephone number of the apprenticeship program (approved by the California Apprenticeship Council) from which Applicant *has* requested and/or employed apprentices in the past three (3) years:

Name of Apprenticeship Program	Address	Phone

16. If Applicant operates its own in-house State-approved apprenticeship training program:

- Identify the craft(s) in which Applicant provided State-approved apprenticeship training in the past year;
- State the year(s) in which each such apprenticeship program was approved and attach evidence of the most recent California Apprenticeship Council approval(s);
- For each craft, list the number of apprentices employed by Applicant and the number of individuals that completed apprenticeships while employed by Applicant during the last three (3) years:

Craft	Year(s)	Number of Apprentices	Number Completed

17. **Entity Information:** Applicant should only answer the specific subsection of this Question 17 that is applicable to its company type (e.g., Corporation, Partnership, Sole Proprietorship or Joint Venture).

**If Applicant is a CORPORATION (including LLC):**

- Date incorporated: \_\_\_\_\_
- Under the laws of what state: \_\_\_\_\_
- Provide all the following information for each person who is either (a) an officer of the corporation (including, but not limited to, president, vice president, chief executive officer, chief financial officer, secretary, treasurer, director), or (b) the owner of at least ten per cent (10.00%) of the corporation's stock  
[Please attach additional sheets if necessary]:

Person's Name	Position	Years with Corporation	% Ownership

- 17d. Identify every construction firm in which any person listed in subsection 17c., above, has had any interest at any time during the last five (5) years **[Please attach additional sheets if necessary]**:

Person's Name	Construction Firm	Title/Interest in Firm	Dates of Participation with Firm

**NOTE:** For this question 17d., “any interest” means an interest in the construction firm, whether as an owner, partner, officer, manager, employee, agent, consultant or representative. “Any interest” includes, but is not limited to, all instances in which the person received payments, whether cash or any other form of compensation, from the construction firm. “Any interest” does not include shares held in a publicly traded corporation if the shares were not received as compensation.

**If Applicant is a PARTNERSHIP (including Limited Partnership):**

17a. Date of formation: \_\_\_\_\_

17b. Under the laws of what state: \_\_\_\_\_

- 17c. Provide all the following information for each partner of Applicant firm **[Please attach additional sheets if necessary]**:

Person's Name	Position	Years with Partnership	% Ownership

- 17d. Identify every construction firm in which any person listed in subsection 17c., above, has had any interest at any time during the last five (5) years **[Please attach additional sheets if necessary]**:

Person's Name	Construction Firm	Title/Interest in Firm	Dates of Participation with Firm

**NOTE:** For this question 17d., “any interest” means an interest in the construction firm, whether as an owner, partner, officer, manager, employee, agent, consultant or representative. “Any interest” includes, but is not limited to, all instances in which the person received payments, whether cash or any other form of compensation, from the construction firm. “Any interest” does not include shares held in a publicly traded corporation if the shares were not received as compensation.

- 17e. If Applicant is a partnership, limited partnership or other association, list all the partners or association members who will participate in any construction contract that Applicant is awarded **[Please attach additional sheets if necessary]**:


**If Applicant is a SOLE PROPRIETORSHIP:**

17a. Date of commencement of business: \_\_\_\_\_

17b. Provide the following information for any construction firm in which Applicant's company owner has had any interest at any time during the last five (5) years **[Please attach additional sheets if necessary]**:

Construction Firm	Title/Interest in Firm	Dates of Participation with Firm

**NOTE:** For this question 17b., "any interest" means an interest in the construction firm, whether as an owner, partner, officer, manager, employee, agent, consultant or representative. "Any interest" includes, but is not limited to, all instances in which the person received payments, whether cash or any other form of compensation, from the construction firm. "Any interest" does not include shares held in a publicly traded corporation if the shares were not received as compensation.

**If Applicant Intends to Make Bids as Part of a JOINT VENTURE:**

**NOTE:** If two or more business entities submit a bid as part of a Joint Venture, each entity within the Joint Venture must separately be prequalified by the District.

17a. Date of commencement of joint venture: \_\_\_\_\_

17b. Provide all of the following information for each firm that is a member of the Applicant joint venture expecting to bid on one or more construction contracts **[Please attach additional sheets in necessary]**:

Name of Firm	% Ownership of Joint Venture

**[On a separate sheet of paper, provide all other pertinent information required in the section above for each Corporation, LLC, Partnership, or Sole-Proprietorship that is part of the Joint Venture]**

## PART IV: SCORABLE QUESTIONS

Applicant must answer **ALL** of the following questions truthfully and completely. This includes providing all additional information and documentation as specified below. Applicant must receive a minimum score of **60** out of the **80** possible points.

1. How many times has Applicant, or any of its officers, supervisors, or managers, declared bankruptcy at any time during the last five (5) years? If yes, attach a copy of the bankruptcy petition showing the case number and the date on which the petition was filed, a copy of the Bankruptcy Court's discharge order or any other document that concluded the case if no discharge order was issued).	<b># of times:</b> _____
2. How many times has Applicant, or any of its officers, supervisors, or managers, had an injunction, judgment, order, or lien entered against it for outstanding taxes assessed or fines, penalties and/or unpaid employee wages at any time in the last five (5) years? (Explain on a separate sheet. Provide details, including the name of the government agency, caption, date, case or docket number, and disposition. Be sure to note any judgments or liens that have not been fully satisfied.)	<b># of times:</b> _____
3. How many times in the past five (5) years, has Applicant or any of its officers, supervisors, or managers, been a party in any civil litigation or administrative proceeding alleging violation of any of the following by either Applicant or a subcontractor hired by Applicant: contract antitrust statutes, racketeering statutes, safety and health regulations, environmental laws, laws banning workplace discrimination, laws governing wages, hours or labor standards, or laws involving fraud, theft, or any other act of dishonesty? (Explain on a separate sheet. Provide details including the nature of the claims and defenses, caption, date, case or docket number, name of the court or agency before which the case is pending or which it was heard, and current status.)	<b># of times:</b> _____
4. How many times in the past five (5) years, has Applicant, or any of its officers, supervisors, or managers, paid any amount, fine or otherwise, regardless of characterization, to settle any of the allegations listed in Question 3 above, whether with or without an admission of responsibility or liability? (Explain on a separate sheet. Provide details, including the caption, date, case or docket number, and name of the court or agency before which the case was brought.)	<b># of times:</b> _____
5. How many times has Applicant, or any of its officers, supervisors, or managers, been debarred, suspended, disqualified, denied a classification rating or prequalification or otherwise been declared not responsible to or prevented from bidding or performing work on any public works contract or subcontract in the last five (5) years? (Explain on a separate sheet. State whether the firm involved was the firm applying for prequalification here or another firm. Identify by name of the company, name of the person within your firm who was associated with that company, date, owner of the project, project name and information, basis for the action, and case or docket number.)	<b># of times:</b> _____
6. How many times in the last five (5) years has Applicant been assessed and paid liquidated damages after completion of a project under a construction contract with either a public or private owner? (Explain on a separate sheet. Identify all such projects by owner, owner's address, date of completion of the project, amount of liquidated damages assessed and all other information necessary to fully explain the assessment of liquidated damages.)	<b># of times:</b> _____
7. How many times during the past five (5) years, has any surety company made any payments on Applicant's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on Applicant's behalf, in connection with a construction project, either public or private? (Explain on a separate sheet. Identify the amount of each such claim, name and telephone number of the claimant, date of claim, grounds for claim, present status of claim, date of resolution of such claim if resolved, method by which claim was resolved if resolved, nature of resolution and amount, if any, at which claim was resolved.)	<b># of times:</b> _____
8. How many times in the last five (5) years has any insurance carrier, for any form of insurance, refused to renew an insurance policy for Applicant? (Explain on a separate sheet. Name the insurance carrier, form of insurance, and year of refusal.)	<b># of times:</b> _____

<p>9. How many times during the last five (5) years, has Applicant been denied bond coverage by a surety company, or has there been a period of time when Applicant had no surety bond in place during a public works construction project when one was required? (Explain on a separate sheet. Indicate the date when Applicant was denied coverage, name of the company or companies which denied coverage, and the time period during which Applicant had no surety bond in place.)</p>	<p><b># of times:</b></p> <p>_____</p>
<p><b>NOTE: For questions 10 and 11, refer only to disputes between Applicant and the owner of a project. You need not include information about disputes between Applicant and a supplier, another contractor, or subcontractor. You need not include information about “pass-through” disputes in which the actual dispute is between a sub-contractor and a project owner. Also, you may omit reference to all disputes involving amounts of less than \$50,000.</b></p>	
<p>10. How many times in the last five (5) years has any claim against Applicant concerning Applicant’s work on a construction project been filed in court or arbitration? (Explain on a separate sheet. Identify the claim(s) by providing the project name, date of the claim, name of the claimant, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim [e.g. "pending" or, if resolved, a brief description of the resolution].)</p>	<p><b># of times:</b></p> <p>_____</p>
<p>11. How many times in the last five (5) years has Applicant made any claim against a project owner concerning work on a project or payment for a contract and filed that claim in court or arbitration? (Explain on a separate sheet. Identify the claim(s) by providing the project name, date of the claim, name of the entity (or entities) against whom the claim was filed, a brief description of the nature of the claim, the court in which the case was filed and a brief description of the status of the claim [e.g. "pending" or if resolved, a brief description of the resolution].)</p>	<p><b># of times:</b></p> <p>_____</p>
<p>12. How many times in the last five (5) years has CalOSHA cited and assessed penalties against Applicant for any “serious,” “willful” or “repeat” violation(s) or the federal Occupational Safety and Health Administration cited and assessed penalties against Applicant for violation(s) of safety or health regulations? NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.</p>	<p><b># of times:</b></p> <p>_____</p>
<p>13. How many times in the last five (5) years has the EPA or any Air Quality Management District or any Regional Water Quality Control Board cited and assessed penalties against either Applicant or the owner of a project on which Applicant was the contractor? (Explain on a separate sheet describing each citation.) NOTE: If you have filed an appeal of a citation and the Appeals Board has not yet ruled on your appeal, or if there is a court appeal pending, you need not include information about the citation.</p>	<p><b># of times:</b></p> <p>_____</p>
<p>14. How many times within the last five (5) years has there ever been a period when Applicant had employees but was without workers’ compensation insurance or state-approved self-insurance? (Explain the reason for each absence of workers’ compensation insurance on a separate sheet. If “None,” please provide a statement by your current workers’ compensation insurance carrier that verifies periods of workers’ compensation insurance coverage for the last five years. If Applicant has been in the construction business for less than five (5) years, provide a statement by your workers’ compensation insurance carrier verifying continuous workers’ compensation insurance coverage for the period that Applicant has been in the construction business.)</p>	<p><b># of times:</b></p> <p>_____</p>
<p>15. How many times during the last five (5) years, has Applicant or any subcontractors hired by Applicant been required to pay back wages and/or penalties related to state or federal prevailing wage laws for work performed? (Explain on a separate sheet. Identify the Applicant’s or subcontractor’s business name and CSLB license number, describe the nature of each violation, and identify the name of the project, date of its completion, public agency for which it was constructed, number of employees underpaid, and amount(s) of back wages and penalties Applicant or subcontractor was required to pay.)</p>	<p><b># of times:</b></p> <p>_____</p>

<p>16. How many times during the last five (5) years, has Applicant or any subcontractors hired by Applicant paid any penalties related to any provision of California apprenticeship laws or regulations, or the laws pertaining to use of apprentices on public works projects, including Labor Code sections 1777.5 and 1777.7? (Explain on a separate sheet. Provide the date(s) of such findings, case number(s), and attach copies of the Department's final decision(s).)</p>	<p><b># of times:</b></p> <p>_____</p>
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## PART V: APPLICANT REFERENCES

Provide **all** of the following information about Applicant's largest and most recently completed public and/or private construction projects. Projects submitted must have been completed **within the last five (5) years**. Provide information regarding as many completed public and/or private construction projects as possible. Public works experience is preferred, but not required. References will be sent an email requesting that they complete and submit a Contractor Performance Evaluation ("CPE"). **Names and references must be current, accurate, and verifiable. It is the Applicant's responsibility to ensure references are willing and available to provide a CPE to the District.** Scores will be totaled and averaged to generate Applicant's Field Component Score. **Please provide the following information on this form only.** You may copy this form and submit separate sheets for each project.

**NOTE:** If Applicant submits non-LAUDS references but has completed one (1) or more formal LAUSD construction contracts within the past five (5) years, the score(s) from the LAUSD Contractor Performance Evaluation(s) will take precedence over non-LAUDS references submitted by Applicant.

**NOTE:** Single-family home renovations, remodels, or repairs are not accepted. Work performed on multi-unit and/or multi-floor residential developments (i.e. apartment building/complex, etc.) is acceptable.

Was this Project ☐ Private *or* ☐ Public Works? (check only one)

Project Name/Site: \_\_\_\_\_

Location (City/State): \_\_\_\_\_

Project Description: \_\_\_\_\_

Scope of Work Performed by Applicant: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Project Number: \_\_\_\_\_

Applicant's Total Contract Amount (including Change Orders): \_\_\_\_\_

Original Scheduled Date of Completion: \_\_\_\_\_

Time Extensions Granted (number of days): \_\_\_\_\_

Actual Date of Completion: \_\_\_\_\_

Was Applicant a ☐ Prime Contractor *or* ☐ Subcontractor? (check only one)

**\*If Applicant was a Prime Contractor:**

Project Owner's Name/Entity: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

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

Email (*required*): \_\_\_\_\_

Architect/Engineer Name & Telephone Number: \_\_\_\_\_

Construction Manager Name & Telephone Number: \_\_\_\_\_

**\*If Applicant was a Subcontractor:**

Project Owner's Name/Entity: \_\_\_\_\_

Prime Contractor's Firm Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email (*required*): \_\_\_\_\_

## PART VI: CONTRACTOR SAFETY PREQUALIFICATION

This Contractor Safety Prequalification section evaluates Applicant's overall safety performance and determines whether Applicant has an acceptable safety record. Once prequalified, Applicant must ensure that it and **all tiers** of its subcontractors meet all of LAUSD's Safety Prequalification requirements. Failure by Applicant or any of its subcontractors to meet these criteria at all times may be grounds for Applicant's disqualification.

The information required in this questionnaire must include all construction work undertaken by the Applicant and any partnership, joint venture, or corporation that any principal of the Applicant participated in as a principal or owner for the last three (3) calendar years and the current calendar year prior to the date of submittal. Separate information shall be submitted for each particular partner or joint venture. The Applicant may be requested to submit additional information or an explanation of data for evaluation of their safety record. Failure to provide all information listed below could result in exclusion from the bid process.

### SECTION A.

Workers Compensation insurance coverage covering all employees and operations of Applicant is required at all times.

Applicant may be disqualified if either its (a) current EMR, or (b) average EMR for the most recent three-year period, is above 1.00, in which case, it must submit all of the following to LAUSD:

- Applicant's written analysis of why the EMR is above 1.00;
- Worker's Compensation Loss Runs for the past three (3) full calendar years;
- Copy of Applicant's Illness and Injury Prevention Program ("IIPP") and Code of Safe Practices;
- Written description of actions currently being taken by Applicant to reduce employee injuries, illnesses and Workers' Compensation losses; and
- A list of on-site safety representatives and proof of their OSHA 10-hour training.

The District will determine, based on the information submitted, whether Applicant has satisfied the requirements of Section A even if it has a current or three-year average EMR above 1.00.

### **Workers Compensation Insurance - Experience Modification Rate (EMR)**

- Please obtain from your insurance agent/broker/carrier Applicant's **intrastate** EMR's for the last three (3) rating periods. If Applicant does not have an intrastate rating, provide its interstate EMR's. However, **preference is given to Intrastate EMR's**. Then, complete the following data and check the appropriate box for interstate or intrastate EMR.

	<u>Policy Year</u>	<u>Experience Modification Rate</u>	<u>Rating Type</u>
Current EMR	_____	_____	<input type="checkbox"/> Intrastate
1 year ago	_____	_____	<input type="checkbox"/> Interstate
2 years ago	_____	_____	
3 years ago	_____	_____	

By initialing here, I certify that Applicant does not have an EMR\*. \_\_\_\_\_

*\* Applicant must submit a copy of your firm's Loss Runs for the last three (3) calendar years if your firm does not have an EMR.*

Is Applicant's EMR for the most recent three-year period an average of 1.00 or less? ☐ Yes ☐ No

Is Applicant self-insured for Workers Compensation Claims? ☐ Yes\* ☐ No

*\*If yes, please attach a copy of the latest Annual Report to the State of California Dept. of Industrial Relations and/or State of California Certificate of Self-Insurance.*

2. Anniversary Rating Date: \_\_\_\_\_ Rating Bureau File # \_\_\_\_\_

3. Name of Applicant's Workers' Compensation carrier \_\_\_\_\_



## SECTION B.

Applicant will be evaluated on OSHA Incident Rates compared to the most current data provided by the Annual Survey of Occupational Injuries and Illnesses conducted by the Bureau of Labor Statistics, U.S. Department of Labor (“BLS”). Applicant may be disqualified if its average total recordable injury/illness rate or average lost work rate for the most recent three-year period exceed the applicable statistical standards for its business category.

If Applicant’s average total recordable injury/illness rate or average lost work rate for the most recent three-year period exceed the applicable statistical standards for its business category, it must submit all of the following to LAUSD:

- Applicant’s written analysis of why its Incidence Rate is higher than the BLS Incidence Rates;
- Copy of Applicant’s complete OSHA 300 Log for each of the past three (3) years. Applicants with ten (10) or fewer employees at all times during the calendar year are not required to maintain the OSHA 300 Log, but must provide copies of its Workers’ Compensation Insurance Loss Runs for the past three (3) years;
- Copy of Applicant’s Illness and Injury Prevention Program (“IIPP”) and Code of Safe Practices;
- Written description of actions currently being taken by Applicant to reduce employee injuries and illnesses; and
- A list of on-site safety representatives and proof of their OSHA 10-hour training.

LAUSD will determine, based on the information submitted, whether Applicant has satisfied the requirements of Section B even though it has an Incidence Rate above the BLS Incidence Rates.

### OSHA Recordable Incidence Rates

To answer the following questions, utilize data obtained from Applicant’s OSHA 300 “Log and Summary of Occupational Injuries and Illnesses,” or Workers’ Compensation Loss Run (if your company has ten (10) or fewer employees).

#### **ALL FIRMS HAVE DATA TO REPORT AND MUST COMPLETE THIS SECTION!**

- Industry Comparison Information. Enter your NAICS Code below:  
North American Industry Classification System (NAICS) Code \_\_\_\_\_
- What is Applicant’s company-wide OSHA Total Case Incidence Rate\* (recordable cases) for the **last three (3) years?**

Year	# of Cases	Co. Hours*****	Rate

- What is Applicant’s company-wide Lost Workday Case Incidence Rate\*\* (recordable cases with lost workdays or restricted duty) for the **last three (3) years?**

Year	# of Cases	Co. Hours*****	Rate

- What is Applicant’s company-wide number of No Lost Workday Case Incidence Rate\*\*\* (recordable cases without lost workdays) for the **last three (3) years?**

Year	# of Cases	Co. Hours*****	Rate

Information to aid in completing Section B, #2, 3 and 4:

$$* \quad \text{OSHA Total Case Incidence Rate} = \frac{\text{Total \# of Recordable Cases} \times 200,000}{\text{Company Man-hours}}$$

\*\* *Lost Workday Case Incidence Rate* = 
$$\frac{\# \text{ of Lost Workday Cases } \times 200,000}{\text{Company Man-hours}}$$

\*\*\* *No Lost Workday Case Incidence Rate* = 
$$\frac{\# \text{ of No Lost Workday Cases } \times 200,000}{\text{Company Man-hours}}$$

\*\*\*\* *Co. Hours* = *Hours worked by all employees on the Company payroll in the applicable calendar year.*

- Additional information regarding this section can be found in the LAUSD Safety Resource Guide
- Do not use the number of lost workdays in these three (3) calculations.
- Rates are not a “%”, nor should the number be similar to “0.00024”.
- To verify your calculations for a given year, check your math as follows:  

$$\text{Lost Workday Case Rate} + \text{No Lost Workday Case Rate} = \text{Total Case Incidence Rate}$$

## SECTION C.

In accordance with the provisions of Government Code Section 4420.5, evaluation of Applicant shall include consideration of its OSHA record with respect to “serious and willful violations of Part 1 (commencing with Section 6300) of Division 5 of the Labor Code” issued during the past five (5) year period.

### **OSHA Citation (Violation) History**

Has Applicant received any “serious”, “willful”, “repeat”, or “failure to abate” OSHA violations (citations) within the past sixty (60) months, beginning immediately prior to submittal of this Questionnaire? This question includes such citations if they have been appealed or contested, but have not yet been resolved.

☐ No *If Applicant has answered “no” to having received any citations classified as “serious,” “willful,” “repeat” or “failure to abate” and such violations are found during the verification process the Applicant may not be prequalified. A waiting period may be imposed by LAUSD before the Applicant can reapply.*

☐ Yes *If yes, list total number of citations (violations) by type per year in the table below. Submit copies of all citations and descriptions of abatement actions, your company Injury and Illness Prevention Program and Code of Safe Practices, **and** your OSHA 300 Log and Summaries and/or Workers’ Compensation Loss Runs for each of the last three (3) years.*

Year	Serious	Willful	Repeat	Failure to Abate	Total

**SECTION D.****District Safety Policies and Procedures (16 Questions)**

Applicant must respond “yes” or “no” to each question, and answers are assigned a weighted value. To satisfy the requirements under Section D, Applicant must:

- (1) Receive a score of at least 85 out of 100 points; and
- (2) Respond “Yes” to questions 1, 6, 7, 10, 15 and 16 (see Title 8, California Code of Regulations, Section 3203).

No.	Question	YES	NO	Points
1.	Injury and Illness Prevention Program. Does Applicant have an effective, written Injury and Illness Prevention Program (IIPP) in accordance with 8CCR §1509 & §3203? [LC §6401.7]. If yes, copy of the Program must be available at the jobsite.	<input type="checkbox"/>	<input type="checkbox"/>	21
2.	Does Applicant have a safety policy statement endorsed by top management? [LC §6401]	<input type="checkbox"/>	<input type="checkbox"/>	2
3.	Does Applicant’s on-site safety representative have the authority and been allocated sufficient time to audit and enforce compliance with job site safety protocol? [LC §6401.7(a)(7)]	<input type="checkbox"/>	<input type="checkbox"/>	4
4.	Does Applicant have a disciplinary action program that includes provisions for acting on safety and health issues of its employees (and subcontractors, if applicable), and is the program enforced? [LC §6401.7(a)(6)]	<input type="checkbox"/>	<input type="checkbox"/>	4
5.	Is safety pre-planning included in project planning and/or progress meeting(s) in order to ensure that safety and loss control activities are integrated into the project work plan? [LAUSD OCIP Requirements – Safety Standards]	<input type="checkbox"/>	<input type="checkbox"/>	4
6.	Does Applicant have a comprehensive Hazard Communication Program that (a) details locations for Material Safety Data Sheets (MSDS) and (b) contains provisions for multi-employer job sites? [8 CCR §5194]	<input type="checkbox"/>	<input type="checkbox"/>	6
7.	Does Applicant conduct ongoing job site safety and health inspections, and are the inspection records kept on file and available for review? [LC §6401.7(A)(2)] Is there written verification that job site safety and health violations have been reviewed and corrective action taken? [LC§6401.7(b) and (D)]	<input type="checkbox"/>	<input type="checkbox"/>	13
8.	Safety Reviews/Hazard Analysis. Are all critical (hazardous) job activities identified and Job Safety Analysis’ (JSA, a.k.a. Job Hazard Analysis, or JHA) conducted by Applicant (and its subcontractors, if applicable)? [LC§6401.7(A)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	2
9.	Are the procedures for critical (hazardous) job activities written and reviewed with all of Applicant’s employees (including subcontractor employees)? [LC 6401.7(a)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	4
10.	Accident/Incident Investigation and Analysis. Does Applicant have a written accident/incident investigation procedure in which: (a) all accidents/incidents (including those of its subcontractors, if applicable) are investigated to determine their root cause, and (b) corrective action is taken by site supervision and management, and (c) written investigation and corrective action records are available for review? [8CCR §3203(a)(5) and (b)]	<input type="checkbox"/>	<input type="checkbox"/>	6
11.	Are reports completed for “near miss” incidents that might have caused serious injury, property or equipment damage? [LC §6403(b)]	<input type="checkbox"/>	<input type="checkbox"/>	4
12.	Emergency Response. Does Applicant have a comprehensive written emergency response plan (i.e., fire, toxic spills, bomb threats, natural disasters, crowd and traffic control, and media relations) for job sites; and do all employees (including its subcontractor employees, if applicable) receive project-specific emergency response training? [8 CCR §3220 (a) and (e)]	<input type="checkbox"/>	<input type="checkbox"/>	4
13.	Substance Abuse Control Program. Does Applicant have a written Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2
14.	Does Applicant require its subcontractors of all tiers to have a/or comply with its Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2

15.	Employee Training. Does Applicant ensure that all employees (including subcontractor employees) are trained in accordance with its written training plan, and (a) are competent to perform the work required, and (b) that job tasks requiring specific training and/or certification are performed by employees having the appropriate training documentation and certificates, and the documentation is maintained and available for review? [LC §6401.7(c) and (d)]	<input type="checkbox"/>	<input type="checkbox"/>	11
16.	Is documentation on file and available for review to verify that training and safety meetings for Applicant (and its subcontractors, if applicable) have been completed? [LC §6401.7(c) and 8CCR §1509(e)]	<input type="checkbox"/>	<input type="checkbox"/>	11

# **MEP SUBCONTRACTOR QUESTIONNAIRE CERTIFICATION**

*(Applicant is required to complete this form)*

STATE OF CALIFORNIA, COUNTY OF \_\_\_\_\_

I have read the Los Angeles Unified School District's (LAUSD) MEP Subcontractor Prequalification Questionnaire and know its contents.

## **CHECK APPLICABLE INFORMATION:**

I am ☐ an Officer, ☐ a partner, ☐ a \_\_\_\_\_ of  
(State position or office held with your firm)

Firm's Name \_\_\_\_\_

and I certify under penalty of perjury under the laws of the State of California: (1) that I am authorized to make this verification for and on its behalf and I make this verification as one who is authorized to do so; (2) that the "prequalified" determination means only that I should be competent to bid on or perform a public works contract for LAUSD and that it does not mean anything else; and (3) matters stated in the foregoing document are true as a matter of my own knowledge except as to those matters which are based on information and/or belief, and as to those matters I believe them to be true.

Executed on \_\_\_\_\_, at \_\_\_\_\_, California.

**I declare under penalty of perjury of the laws of the State of California that all statements contained herein are true and accurate.**

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

**PLEASE NOTE: The person affixing his/her signature herein MUST be among those submitted on a list, together with their NOTARIZED signatures, of all persons authorized to sign for the company.**