



**American Indian Construction & Trades Association
& Wisconsin Department of Transportation**

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Survey

BASIC INFORMATION			
DATE / /2006		INDIVIDUAL NAME FILLING OUT THIS SURVEY	
COMPANY NAME			
COMPANY ADDRESS			
COUNTY	CITY	ZIP	ON <input type="checkbox"/> OFF <input type="checkbox"/> RESERVATION WHICH ONE?
COMPANY PHONE		CELL PHONE	
FAX		EMAIL ADDRESS @	
COMPANY OWNER OF AT LEAST 51%		TRIBE	TRIBAL ID #
WEBSITE ADDRESS @			
OTHER OWNER		OTHER OWNER	
CORPORATION OR LLC EIN # _____		SOLE PROPRIETOR SS # _____	
DATE COMPANY ESTABLISHED / /		FULL TIME EMPLOYEES # _____ PART TIME EMPLOYEES # _____	

TYPE CONSTRUCTION OR TRADE (CATEGORY)

1. _____ 2. _____
3. _____ 4. _____

UNION

YES NO

UNIONS SIGNATORY TO _____

BONDING

BONDED

YES NO

AGENCY _____

AGENT _____

SINGLE PROJECT LIMIT

\$ _____

AGGREGATE LIMIT

\$ _____

MBE/DBE/EBE/WBE CERTIFICATIONS CURRENTLY HELD

2. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

PROJECT EXPERIENCE - LIST THREE LARGEST PROJECTS COMPLETED WITHIN THE PAST 5 YEARS

CUSTOMER: _____

CONTACT: _____

VALUE

\$ _____

CUSTOMER: _____

CONTACT: _____

VALUE

\$ _____

CUSTOMER: _____

CONTACT: _____

VALUE

\$ _____

SAFTEY

DOES YOUR FIRM HAVE A WRITTEN SAFETY PROGRAM

YES NO

DOES YOUR FIRM HAVE A DRUG TESTING PROGRAM

YES NO

LEGAL

ARE THERE ANY JUDGMENTS, CLAIMS OR SUITS (PENDING OR OUTSTANDING) AGAINST YOUR FIRM THAT COULD AFFECT ITS ABILITY TO COMPLETE A CONTRACT?

YES NO

IF YES, PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET

HAS YOUR FIRM, ANY OF ITS OWNERS, A SUBSIDIARY OR CORPORATE PARENT, OR ANY OFFICER OR DIRECTOR BEEN CONVICTED OF VIOLATING LAWS REGARDING UNLAWFUL CONTRACTS OR CONSPIRACIES?

YES NO

IF YES, PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET

HAS YOUR FIRM, ANY OF ITS OWNERS, A SUBSIDIARY OR CORPORATE PARENT, OR ANY OFFICER OR DIRECTOR FILED FOR BANKRUPTCY, RECEIVERSHIP OR REORGANIZATION WITHIN THE PAST 5 YEARS?

Yes No

IF YES, PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET

HAS YOUR FIRM FAILED TO COMPLETE ANY CONTRACTS AWARDED TO IT WITHIN THE PAST 5 YEARS?

YES NO

IF YES, PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET

HAS YOUR FIRM EVER BEEN CHARGED WITH OR CONVICTED OF A VIOLATION OF ANY WAGE SCHEDULE?

YES NO

IF YES, PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET

IF UNION, IS YOUR FIRM CURRENT WITH ITS BENEFIT CONTRIBUTIONS?

YES NO

IF NO, PROVIDE CIRCUMSTANCES ON A SEPARATE SHEET

DOES YOUR FIRM HAVE ANY OUTSTANDING FEDERAL OR STATE TAX LIENS?

YES NO

IF YES, PROVIDE A DETAILED EXPLANATION ON A SEPARATE SHEET

FINACIAL INFORMATION

NAME OF YOUR CPA FIRM _____

CONTACT _____

ADDRESS _____

PHONE _____

HOW OFTEN ARE FINANCIAL STATEMENTS PREPARED?

MONTHLY _____ QUARTERLY _____ SEMI-ANNUALLY _____ ANNUALLY _____

ARE JOB COST RECORDS KEPT? _____

NAME OF YOUR BANK _____

CONTACT _____ PHONE _____

ADDRESS _____

DO YOU CURRENTLY HAVE A LINE OF CREDIT YES NO

IF SO, WHAT IS THE AMOUNT \$ _____

INSURANCE

ATTACH A COPY OF YOUR CURRENT INSURANCE CERTIFICATE

AFFIDAVIT

APPLICANT AFFIRMS THAT THE ANSWERS TO THE FOREGOING QUESTIONS AND ALL STATEMENTS THEREIN CONTAINED ARE TRUE AND CORRECT.

COMPANY NAME _____

SIGNATURE _____

PRINTED NAME _____ TITLE _____