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October 9, 2017

**INSPECTION, MAINTENANCE AND REPAIR OF HOISTS AND CRANES ON AN ANNUAL CONTRACT  
ADDENDUM #1  
BL098-17**

The following should be added to the above-referenced bid.

The attached pre-qualification application should be submitted with your bid, in a separate sealed envelope.

Applicant's qualification will be determined based upon the information presented. All questions must be answered in full, without exception. Failure to do so will result in the applicant being deemed non-responsive and their bid will not be opened.

This application will take the place of the References Form, page 11.

Acknowledge receipt of this addendum on page 10 of the Bid Document.

*Shelley McWhorter*

Shelley McWhorter, CPPB

Purchasing Associate III

**gwinnettcounty**



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**APPLICATION FOR PRE-QUALIFICATION TO BID  
GWINNETT COUNTY DEPARTMENT OF WATER RESOURCES  
INSPECTION, MAINTENANCE AND REPAIR OF HOISTS AND CRANES ON AN ANNUAL CONTRACT**

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

Date of Application: \_\_\_\_\_

Project Name: Pre-qualification of Contractors for the Inspection, Maintenance And Repair Of Hoists And Cranes On An Annual Contract

Type of Project: Inspection, Maintenance And Repair Of Hoists And Cranes

Description: furnish labor, materials and equipment for the annual inspection, parts supply, and maintenance and repair of Cranes and Hoists encompassing various Gwinnett County locations and to maintain their compliance with OSHA requirements. These services are needed to maintain the efficient and reliable operation of cranes and hoists on a continual 24-hour basis.

Owner Name: Gwinnett County

**NOTE:** Gwinnett County reserves the right to approve all personnel provided by the contractor including, but not limited to, Project Managers, Project Superintendents, and Subcontractors for any portion of work resulting from this pre-qualification process.

**I. INSTRUCTIONS**

- A. Applicant SHALL NOT attach information in lieu of completion of the application document. All information requested by the County SHALL be provided within the application document; however, additional pages may be attached if more space is required (or if additional projects are necessary to demonstrate ability), or as otherwise instructed within the application document. All additional pages SHOULD be clearly labeled with the applicant's name, pre-qualification application title, and page number.
- B. If necessary, applicant should submit additional projects to prove all pre-qualification requirements are met.
- C. Reference projects must be complete prior to submittal of pre-qualification application.
- D. Applicant's qualification will be determined based upon the information presented. All questions must be answered in full, without exception. Failure to do so may result in the applicant being deemed non-responsive, and the application returned to the applicant for completion; and applicant will not be considered for pre-qualification until such time as a complete application is submitted.
- E. Only complete and accurate information shall be provided by the Applicant. The Applicant hereby warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The Applicant should complete the Applicant Certification included in this packet. The Applicant also acknowledges that the Owner is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information provided by the Applicant given in response to a question, knowing it was false, shall constitute grounds for immediate disqualification and termination or rescission by the Owner of any subsequent agreement between the Owner and the Applicant. The Owner shall also have and retain any other remedies provided by law.

COMPANY NAME: \_\_\_\_\_

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- F. Poor performance of pre-qualified contractors will be reviewed by the Vendor Performance Committee and/or the Purchasing Policy & Review Committee and could result in the contractor being removed from the pre-qualified vendor list for the remainder of the term of the pre-qualification or as otherwise determined by the committee. In addition, the contractor may be placed on the Ineligible Source List.
  
- G. Corporations (including principal/corporate officers), Partners, and/or Individuals interested in being considered for pre-qualification with Gwinnett County SHALL NOT be currently under indictment for criminal misconduct involving any local, state or federal government entity.

**II. GENERAL BACKGROUND**

A. Current name and address of Applicant:

1. Applicant Name:

Mailing

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

City: \_\_\_\_\_

State and Zip: \_\_\_\_\_

Business

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

City: \_\_\_\_\_

State and Zip: \_\_\_\_\_

Office Location where services will be performed from

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

City: \_\_\_\_\_

State and Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone and Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

# of years in business \_\_\_\_\_

# of hours to respond with all of the required tools and equipment to access and repair, if possible, hoist or crane. \_\_\_\_\_

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B. Principals/Officers/Individuals authorized to sign contracts:

- 3. Name and Title: \_\_\_\_\_  
Name and Title: \_\_\_\_\_  
Name and Title: \_\_\_\_\_

C. Is applicant currently under indictment for criminal misconduct involving any local, state or federal government entity? \_\_\_\_\_

Has applicant ever been indicted involving any local, state or federal government entity?                      YES      NO

If so, what was the disposition of the charges? \_\_\_\_\_

**III. COMPANY EXPERIENCE**

1. Project Name:	_____
Project Description:	_____
Dollar Amount:	_____
Complete Address:	_____

<i>Contact person must be of the user department for which service is being provided. If a contact name is given for any other department outside of the user department, it will be deemed invalid. The County reserves the right to request additional sites to be submitted in such cases.</i>		
Contact Person:	_____	
Contact Person Telephone:	_____	
Contact Person E-mail Address:	_____	
Contract Dates:	Date of Notice to Proceed:	Date of Final Completion:
<i>Below, state the number of cranes and hoists serviced under the contract. These sites must have cranes and hoists similar to the units under each section of the bid schedule.</i>		
# of Cranes:	# of Hoists:	

<i>Comments/ Describe projects in terms of degree of difficulty, problems encountered, etc., or any pertinent information that might be useful in the evaluation of your request for pre-qualification:</i>

COMPANY NAME: \_\_\_\_\_

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2. Project Name:	_____
Project Description:	_____
Dollar Amount:	_____
Complete Address:	_____

<i>Contact person must be of the user department for which service is being provided. If a contact name is given for any other department outside of the user department, it will be deemed invalid. The County reserves the right to request additional sites to be submitted in such cases.</i>		
Contact Person:	_____	
Contact Person Telephone:	_____	
Contact Person E-mail Address:	_____	
Contract Dates:	Date of Notice to Proceed:	Date of Final Completion:

<i>Below, state the number of cranes and hoists serviced under the contract. These sites must have cranes and hoists similar to the units under each section of the bid schedule.</i>	
# of Cranes:	# of Hoists:

<i>Comments/ Describe projects in terms of degree of difficulty, problems encountered, etc., or any pertinent information that might be useful in the evaluation of your request for pre-qualification:</i>

COMPANY NAME: \_\_\_\_\_

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3. Project Name:	_____
Project Description:	_____
Dollar Amount:	_____
Complete Address:	_____

<i>Contact person must be of the user department for which service is being provided. If a contact name is given for any other department outside of the user department, it will be deemed invalid. The County reserves the right to request additional sites to be submitted in such cases.</i>		
Contact Person:	_____	
Contact Person Telephone:	_____	
Contact Person E-mail Address:	_____	
Contract Dates:	Date of Notice to Proceed:	Date of Final Completion:

<i>Below, state the number of cranes and hoists serviced under the contract. These sites must have cranes and hoists similar to the units under each section of the bid schedule.</i>	
# of Cranes:	# of Hoists:

<i>Comments/ Describe projects in terms of degree of difficulty, problems encountered, etc., or any pertinent information that might be useful in the evaluation of your request for pre-qualification:</i>

COMPANY NAME: \_\_\_\_\_

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**IV. EMPLOYEE EXPERIENCE**

Provide a list of current employees, who would be servicing equipment under this contract. Before award of bid the bidder must supply a copy of each employee's certifications. Use additional pages if necessary.

Employee Name	Level of Certification	Dates of Certification(s)	Location of Employee	Number of years servicing	
				Acco-Wright	
				Chester	
				Demag	
				Detroit Hoist	
				Gaffey	
				Gajjar	
				Piedmont Crane	
				Shaw-Box	
				Acco-Wright	
				Chester	
				Demag	
				Detroit Hoist	
				Gaffey	
				Gajjar	
				Piedmont Crane	
				Shaw-Box	
				Acco-Wright	
				Chester	
				Demag	
				Detroit Hoist	
				Gaffey	
				Gajjar	
				Piedmont Crane	
				Shaw-Box	
				Yale	

COMPANY NAME: \_\_\_\_\_

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Employee Name	Level of Certification	Dates of Certification(s)	Location of Employee	Number of years servicing	
				Acco-Wright	
				Chester	
				Demag	
				Detroit Hoist	
				Gaffey	
				Gajjar	
				Piedmont Crane	
				Shaw-Box	
				Acco-Wright	
				Chester	
				Demag	
				Detroit Hoist	
				Gaffey	
				Gajjar	
				Piedmont Crane	
				Shaw-Box	
				Acco-Wright	
				Chester	
				Demag	
				Detroit Hoist	
				Gaffey	
				Gajjar	
				Piedmont Crane	
				Shaw-Box	



COMPANY NAME: \_\_\_\_\_

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Employee Name	Level of Certification	Dates of Certification(s)	Location of Employee	Number of years servicing	
				Acco-Wright	
				Chester	
				Demag	
				Detroit Hoist	
				Gaffey	
				Gajjar	
				Piedmont Crane	
				Shaw-Box	
				Yale	
				Acco-Wright	
				Chester	
				Demag	
				Detroit Hoist	
				Gaffey	
				Gajjar	
				Piedmont Crane	
				Shaw-Box	
				Yale	
				Acco-Wright	
				Chester	
				Demag	
				Detroit Hoist	
				Gaffey	
				Gajjar	
				Piedmont Crane	
				Shaw-Box	
				Yale	

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APPLICANT CERTIFICATION

I certify to the Owner that the information and responses provided on this Application for Pre-Qualification are true, accurate and complete. The Owner, or its designated representative, may contact any entity or reference listed in this Application. Each entity or reference may make any information concerning the Applicant available to the Owner or its designated representative.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

APPLICANT:

\_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
Seal