



**CONSULTANT PREQUALIFICATION ANNUAL RENEWAL CERTIFICATION**

All Prequalified consultants shall supply this form on or within thirty (30) calendar days prior to the previously assigned annual prequalification renewal date. Annual renewal dates are assigned by the Department after completion of a firm’s initial prequalification application approval.

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Federal ID Number:** \_\_\_\_\_ **Calendar/Fiscal Year:** \_\_\_\_\_

Consultant certifies the following information to be true and accurate:

- Consultant has maintained all previously approved QA/QC Measurements necessary to meet the minimum standards as detailed in MDOT’s Consultant Prequalification Application Instructions.

Agree  Supplemental Information is supplied in this submittal

- Consultant has retained and calibrated all required equipment necessary to meet the minimum classification specific standards as detailed in MDOT’s Consultant Prequalification Application Instructions.

Agree  Supplemental Information is supplied in this submittal

- Consultant has retained all previously approved Key Staff necessary to meet the minimum classification specific standards as detailed in MDOT’s Consultant Prequalification Application Instructions.

Agree  Supplemental Information is supplied in this submittal

- Required licenses, certifications, and registrations are current for all previously approved Key Staff necessary to meet the minimum classification specific standards as detailed in MDOT’s Consultant Prequalification Application Instructions.

Agree  Supplemental Information is supplied in this submittal

- All insurance policies are current and compliant with the department’s established minimal limits as defined in MDOT’s Consultant Prequalification Application Instructions.

Agree  Supplemental Information is supplied in this submittal

**CERTIFICATION**

I, the undersigned, attest that I have read, understand, and certify all statements listed above to be true and accurate. I affirm the prequalified consulting firm, as named above, is in complete compliance with all applicable Michigan laws and regulations. I am aware that by signing below I will continue to use the E-Verify system to verify all employees are legally present and authorized to work in the United States. If my firm experiences any changes impacting the validity of this attestation, I will immediately notify MDOT.

Any misrepresentation will be grounds for revoking prequalification and for initiating action under federal or state laws.

Electronic Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Note:** The representations on this document were made by, and are the responsibility of, the company’s management.