



CITY OF WAUWATOSA  
ENGINEERING SERVICES DIVISION  
7725 WEST NORTH AVENUE  
WAUWATOSA, WI 53213  
Telephone: (414) 479-8927  
www.wauwatosa.net

**Boris Veleusic, P.E.**  
City Engineer  
bveleusic@wauwatosa.net

**PLEASE RETURN THIS FORM VIA EMAIL TO [ENGINEERING@WAUWATOSA.NET](mailto:ENGINEERING@WAUWATOSA.NET)**

Date: \_\_\_\_\_

To: Boris Veleusic, P.E.  
City Engineer  
City of Wauwatosa  
7725 W. North Avenue  
Wauwatosa, WI 53213

RE: Submission of Prequalification Forms for the Year 2026

Submitted herewith please find our statement for your consideration in determining whether our firm is qualified and capable to bid, perform and furnish the necessary labor, materials and skills on the basis of our work record, experience, equipment and staff as required to enter upon and complete those various types of projects indicated below as may be awarded by the Municipality during the current calendar year.

It is understood that the determinations and decisions of the Municipality with regard to qualifications shall be final; and further, that the information herein will be considered confidential. A finding of "qualified" for one project does not bind the Municipality on other projects, and the Municipality expressly reserves the right to review and revise its findings on later projects.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Firm Name

**CITY OF WAUWATOSA**  
**PREQUALIFICATION STATEMENT**

There is submitted herewith for your consideration, pursuant to Sec. 66.0901 Wisc. Stats., a statement of qualifications of the undersigned to furnish the necessary labor, materials and skills required to enter upon and complete public works contracts to be let by the Municipality through its several departments.

**I. IDENTIFICATION**

A. Legal firm name: \_\_\_\_\_

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

\_\_\_\_\_

B. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

C. Number of years in business under present firm name: \_\_\_\_\_

If less than 5 years, please provide prior company name(s) for that period:

\_\_\_\_\_

\_\_\_\_\_

D. Class of work in which firm is seeking qualification: \_\_\_\_\_

\_\_\_\_\_

E. Please check and complete No. 1, 2 or 3 below:

1. A Corporation, LLC or S-corporation: \_\_\_\_\_

President: \_\_\_\_\_

Vice-president: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

2. A Partnership: \_\_\_\_\_

Name(s) of Partners: \_\_\_\_\_

\_\_\_\_\_

3. Sole Proprietor: \_\_\_\_\_

F. If a Non-Wisconsin corporation answer below:

1. When incorporated: \_\_\_\_\_

2. In what state: \_\_\_\_\_

3. Licensed to do business in Wisconsin (month & year): \_\_\_\_\_

## II. EXPERIENCE

A. Tabulation of major contracts which firm has completed during the past 5 years (use attachments as needed):

Year	Class of Work	Contract Amount	Location of Work	For Whom Performed: (Name, Address & Phone)

B. Tabulation of construction experience of principal individuals in organization (use attachments as needed):

Individual's Name	Present Position or Office	Years of Experience	Class of Work

C. Average number of employees during the last 12 months:

1. Office: \_\_\_\_\_ 2. Skilled: \_\_\_\_\_ 3. Unskilled: \_\_\_\_\_

**III. EQUIPMENT:**

A. List below major pieces of equipment owned and available when needed for proposed work (use attachments as needed)

Quantity	Item	Description, Size, Capacity, etc.	Condition (Good or Fair)	Years of Service

**IV. CONTRACTUAL RESPONSIBILITY**

A. Has firm ever failed, in the past ten years, to complete on time, work awarded to it?.....(Yes or No) \_\_\_\_\_

If you answered yes, complete the following:

1. Date: \_\_\_\_\_
2. Owner: \_\_\_\_\_
3. Owner's mailing address: \_\_\_\_\_  
\_\_\_\_\_
4. Phone number (at the time or preferably now):  
\_\_\_\_\_
5. Full particulars in each instance (use attachments as Needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Has any officer or partner of firm ever failed, in the past ten years, to complete on time, work awarded to it?.....(Yes or No) \_\_\_\_\_

If you answered yes, complete the following:

1. Date: \_\_\_\_\_
2. Name of officer or partner: \_\_\_\_\_

3. Owner's mailing address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone number (at the time or preferably now):  
\_\_\_\_\_

5. Full particulars in each instance (use attachments as needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Has any officer or partner of firm ever been an officer or partner of some other organization during the past 10 years that failed to complete on time a construction contract?.....(Yes or No) \_\_\_\_\_

If you answered yes, complete the following:

1. Date: \_\_\_\_\_  
2. Name of officer or partner: \_\_\_\_\_

3. Name and mailing address of organization:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name and mailing address of owner:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Phone number (at time or preferably now):  
\_\_\_\_\_

6. Full particulars in each instance (use attachments as Needed)  
\_\_\_\_\_  
\_\_\_\_\_

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D. Has firm asked to be relieved from a bid submitted by it to a public awarding authority during the past 10 years?.....(Yes or No) \_\_\_\_\_

If you answered yes, complete the following:

1. Date: \_\_\_\_\_

2. Owner: \_\_\_\_\_

3. Owner's mailing address: \_\_\_\_\_

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4. Phone number (at the time or preferably now):

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5. Full particulars in each instance (use attachments as Needed)

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E. Has firm ever been charged with or convicted of a violation of any wage schedule?.....(Yes or No) \_\_\_\_\_

If you answered yes, complete the following:

1. Date: \_\_\_\_\_

2. Claimant: \_\_\_\_\_

3. Claimant's mailing address: \_\_\_\_\_

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4. Phone number (at time or preferably now)

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5. Full particulars in each instance (use attachments as Needed)

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**V. DEBARMENT**

Is the Contractor firm or any owner, partner, director, officer, or principal of the Contractor, or any person in a position with management responsibility or responsibility for the administration of funds:

- A. presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by any federal or state department/agency?.....(Yes or No) \_\_\_\_\_
  
- B. within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract (federal, state, or local); violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property?.....(Yes or No) \_\_\_\_\_
  
- C. presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) above?.....(Yes or No) \_\_\_\_\_

or

- D. within a three-year period preceding this certification had one or more public transactions or contracts (federal, state, or local) terminated for cause or default?.....(Yes or No) \_\_\_\_\_

If the contractor is “Actively” registered with SAMS (Service for Award Management), the UEI (Unique Entity ID) assigned is:

\_\_\_\_\_

**VI. BONDING RESPONSIBILITY**

- A. Names, addresses and telephone numbers of bonding companies which generally execute bid and surety bonds (use attachments as needed):

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- B. Names, addresses and telephone numbers of all bonding companies other than those listed above which have written bid and surety bonds during the last 5 years (use attachments as needed):

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- C. Has any bonding company ever taken over a contract or made any payments, because of firm's failure to carry out a contract?.....(Yes or No) \_\_\_\_\_

If you answered yes, complete the following:

1. Date: \_\_\_\_\_
2. Name of bonding company: \_\_\_\_\_
3. Bonding company's mailing address:  
\_\_\_\_\_  
\_\_\_\_\_
4. Bonding company's phone number:  
\_\_\_\_\_
5. Full particulars in each instance (use attachments as needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. CONTRACTOR'S FINANCIAL STATEMENT**

- A. Attach itemized list of your current assets as of latest balance sheet date. (give date)
- B. Attach itemized list of your current liabilities as of latest balance sheet date. (give date)
- C. Who prepared such balance sheet? \_\_\_\_\_
- D. Are any of your assets assigned?.....(Yes or No) \_\_\_\_\_

If yes which are assigned? (use attachments as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what purpose are they assigned? (use attachments as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. DATA**

- A. Are you familiar with:
  - 1. The provisions of the form of contract used by this Municipality?.....(Yes or No) \_\_\_\_\_
  - 2. Its terms and conditions?.....(Yes or No) \_\_\_\_\_
  - 3. Its specifications?.....(Yes or No) \_\_\_\_\_
  - 4. The regulations of the Municipality relating to bidding and awarding of contracts?.....(Yes or No) \_\_\_\_\_

