

DATE: \_\_\_\_\_

**ARKANSAS DEPARTMENT OF TRANSPORTATION  
BIDDER'S CERTIFICATION STATUS OF UNCOMPLETED CONTRACTS**

This Bidder's Certification shall be executed and filed before bidding documents will be released to prequalified contractors. **LIST ALL CONTRACTS AND SUBCONTRACTS IN FORCE OR PENDING**, not just those with the Arkansas Department of Transportation.

RETURN THIS FORM TO:     Arkansas Department of Transportation  
                                         Attention: Program Management Division  
                                         Post Office Box 2261  
                                         Little Rock, Arkansas 72203-2261  
                                         Telefax Number (501) 569-2623  
                                         Email: [pmd@ardot.gov](mailto:pmd@ardot.gov)

| DESCRIPTION OF CONTRACT | CONTRACT AMOUNT | UNCOMPLETED DOLLAR VALUE |
|-------------------------|-----------------|--------------------------|
| 1. _____                | \$ _____        | \$ _____                 |
| 2. _____                | _____           | _____                    |
| 3. _____                | _____           | _____                    |
| 4. _____                | _____           | _____                    |
| 5. _____                | _____           | _____                    |
| 6. _____                | _____           | _____                    |
| 7. _____                | _____           | _____                    |
| 8. _____                | _____           | _____                    |
| 9. _____                | _____           | _____                    |
| 10. _____               | _____           | _____                    |

Add additional sheet(s) if needed

|                                                     |         |
|-----------------------------------------------------|---------|
| TOTAL UNCOMPLETED VALUE                             | \$ 0.00 |
| STATE OF ARKANSAS CONTRACTOR LICENSING BOARD NUMBER | _____   |
| EXPIRATION DATE                                     | _____   |

**CERTIFICATION**

I hereby certify that the above is a true and correct statement of the status of uncompleted contracts **currently awarded or pending award** to this company and of the licensing information presented.

| <b><u>NOT TO BE FILLED IN BY CONTRACTOR</u></b> |          |
|-------------------------------------------------|----------|
| Financial Qualification                         | \$ _____ |
| Less Uncompleted Value                          | \$ 0.00  |
| Maximum Value Allowable                         | \$ 0.00  |
| CLB #                                           | _____    |

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)

BY: \_\_\_\_\_  
(Signature)

TITLE: \_\_\_\_\_