

PORTS OF INDIANA CONTRACTOR PREQUALIFICATION REGISTRATION FORM

Contractor Name	
Mailing address <i>(number and street, city, state, ZIP code)</i>	
Location address <i>(number and street, city, state, ZIP code)</i>	
Telephone number <i>(include Area Code)</i>	Facsimile number
Submittal Date for Prequalification Registration (MM/DD/YYYY):	
Name and telephone number of primary contact(s)	
E-mail address of primary contact(s)	

List all Prequalification Categories, Agency (DOA or INDOT), Expiration Date, and Capacity (if applicable) below. Note: Contractor must submit documentation of prequalification with form.

INDOT/DOA Work Category, Expiration Date, Capacity