

# NATIONAL CONTRACTS COMMISSION

REGISTER OF PUBLIC SECTOR CONTRACTORS  
GRADES 1 - 4

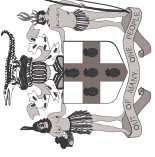
## APPLICATION FORM

THE CONTRACTS SECRETARIAT  
OFFICE OF THE CONTRACTOR-GENERAL  
17 KNUTSFORD BOULEVARD  
KINGSTON 5

Telephone: 929-8560/6466/6460

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**Website: [www.ocg.gov.jm](http://www.ocg.gov.jm)**



# NATIONAL CONTRACTS COMMISSION

## REGISTRATION OF CONTRACTORS GRADES 1-4

### GENERAL INFORMATION

1. CONTRACTORS MAY APPLY TO BE PLACED IN ONE OR MORE OF THE CATEGORIES/GRADES LISTED IN THE APPENDIX TO THIS FORM.  
(THE MAXIMUM NUMBER OF CATEGORIES FOR START UP FIRMS IS (4) FOUR)
2. THE SYSTEM OF CONTRACTOR REGISTRATION COMPRISES FIVE (5) GRADES ( 1 TO 5) OF CONTRACTORS AND THIRTY-TWO (32) CATEGORIES OF WORKS
3. CONTRACTORS WILL BE ASSIGNED TO CATEGORIES AND GRADES DETERMINED BY THE EXTENT TO WHICH THE INFORMATION PROVIDED IN THEIR APPLICATIONS SATISFY THE CRITERIA SET OUT IN THE APPENDIX FOR PLACEMENT IN PARTICULAR CATEGORIES AND GRADES.
4. CONTRACTORS WHO WISH TO BE INCLUDED ON THE REGISTER MUST SUBMIT THE FOLLOWING DOCUMENTS:
  - A. ONE COPY OF THE COMPLETED APPLICATION FORM.
  - B. ONE COPY OF THE COMPANY REGISTRATION DOCUMENT, *i.e.* CERTIFICATE OF INCORPORATION, OR CERTIFICATE OF REGISTRATION, WHERE APPLICABLE.
  - C. ONE COPY OF THE AUDITED FINANCIAL REPORTS FOR THE LAST THREE YEARS AND CURRENT IN-HOUSE FINANCIAL STATEMENTS.
  - D. ONE COPY OF A CURRENT TAX COMPLIANCE CERTIFICATE IN THE NAME OF THE APPLICANT
  - E. EVIDENCE OF ACADEMIC AND OTHER QUALIFICATION OF PROFESSIONAL, TECHNICAL AND SUPERVISORY STAFF; I.E. RESUME AND COPIES OF DEGREES, DIPLOMAS, CERTIFICATES ETC
5. APPLICATIONS FOR THE SPECIALIST CATEGORIES OF BLASTING (# 2) AND ELECTRICAL WORKS (# 8) WILL ONLY BE CONSIDERED IF A COPY OF THE RELEVANT LICENCE IS SUBMITTED WITH THE APPLICATION.
6. **MONETARY LIMITS:** THE FOLLOWING RESTRICTIONS WILL APPLY:
  - A. CONTRACTORS WILL NOT BE AWARDED CONTRACTS THAT EXCEED THE MONETARY LIMIT OF THEIR GRADE
  - B. CONTRACTORS WILL NOT BE AWARDED A GOVERNMENT CONTRACT IF THE NET VALUE OF OUTSTANDING WORK ON CURRENT CONTRACTS PLUS THE VALUE OF THE NEW CONTRACT EXCEEDS THREE TIMES THE MONETARY LIMIT OF THE GRADE.

7. THE POLICY OF THE NCC IS TO ENCOURAGE FULL AND OPEN COMPETITION. ACCORDINGLY, ALL REGISTERED PUBLIC SECTOR CONTRACTORS IN THE APPROPRIATE CATEGORY AND GRADE WILL BE AFFORDED THE OPPORTUNITY TO TENDER ON PUBLIC SECTOR CONTRACTS. THERE WILL BE PUBLIC ADVERTISEMENTS OF INVITATIONS TO TENDER WHICH WILL INCLUDE DETAILS OF PROJECTS AS WELL AS THE CATEGORIES AND GRADES OF CONTRACTORS ELIGIBLE TO TENDER.
8. THE ANNUAL REGISTRATION FEES FOR CONTRACTORS ARE AS FOLLOWS.
- |                         |          |                    |
|-------------------------|----------|--------------------|
| <b>GRADES 1 &amp; 2</b> | <b>-</b> | <b>\$60,000.00</b> |
| <b>GRADE 3</b>          | <b>-</b> | <b>\$30,000.00</b> |
| <b>GRADE 4</b>          | <b>-</b> | <b>\$5,000.00</b>  |
9. THE ABOVE FEES ARE PAYABLE AT ANY BRANCH OF THE BANK OF NOVA SCOTIA USING BANK DEPOSIT VOUCHERS SENT TO SUCCESSFUL APPLICANTS.
10. REGARDLESS OF THE NUMBER OF CATEGORIES IN WHICH A CONTRACTOR IS REGISTERED, ONLY ONE ANNUAL FEE WILL BE PAYABLE CORRESPONDING TO THE HIGHEST GRADE IN WHICH HE IS REGISTERED.
11. APPLICANTS WHO ARE FOUND ELIGIBLE FOR REGISTRATION WILL BE INVITED TO BECOME FULLY REGISTERED. THIS INVITATION WILL BE VALID FOR ONE YEAR.
12. COMPLETED APPLICATION FORMS ARE TO BE RETURNED TO THE FOLLOWING ADDRESS:
- NATIONAL CONTRACTS COMMISSION  
CONTRACTS SECRETARIAT  
OFFICE OF THE CONTRACTOR GENERAL  
17 KNUTSFORD BOULEVARD  
KINGSTON 5
13. EACH APPLICANT WILL BE ADVISED AS SOON AS POSSIBLE OF THE OUTCOME OF HIS APPLICATION. SUCCESSFUL APPLICANTS WILL BE ISSUED WITH A CERTIFICATE OF REGISTRATION FOLLOWING RECEIPT OF THE DUPLICATE BANK DEPOSIT VOUCHER INDICATING THAT THE APPROPRIATE REGISTRATION FEE HAS BEEN PAID.
14. ENQUIRIES RELATING TO THE REGISTRATION PROCESS SHOULD BE DIRECTED TO THE **OFFICE OF THE CONTRACTOR-GENERAL** DURING NORMAL WORKING HOURS TELEPHONE Nos. 929-8560, 929-7536/6466.
15. **IF THE INFORMATION PROVIDED BY THE APPLICANT ON WHICH EVALUATION AND AWARD(S) WERE BASED IS FOUND TO BE ERRONEOUS THEN THE CONTRACTOR(S) SHALL NOT BE REGISTERED, OR IF ALREADY REGISTERED, THE REGISTRATION WILL BE REVOKED. ALL INFORMATION SUPPLIED IN CONNECTION WITH THIS APPLICATION WILL BE TREATED CONFIDENTIALLY.**

**Application for Inclusion on the GOVERNMENT OF JAMAICA Register of Public Sector Contractors**

**Grades 1 - 4**

**Type of Application:** (please indicate) |  New |  Annual Registration |  Upgrade |  Additional Category(ies)

*(Application must be completed in black ink using block lettering or typed)*

**1. What is the Registered Name of the Firm?**

**What is the legal structure of the Firm?:** Sole Proprietorship |  Partnership |  Limited Liability Company |

|  Copy of Certificate of Incorporation attached

**What is the Registered Address of the Firm?**

Street Address \_\_\_\_\_

Parish \_\_\_\_\_

**Mailing Address**

**Does the Firm Have a Branch Office?**

Address \_\_\_\_\_

Parish \_\_\_\_\_

**Does the firm have?** [  Warehouse [  Storage [  Workshop (please indicate)

**Please State Other Methods of Contacting the Firm**

Telephone No.: 1) \_\_\_\_\_ 2) \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Persons (Manager/Principal etc.) 1) \_\_\_\_\_ 2) \_\_\_\_\_

**PLEASE INDICATE METHOD OF RECEIVING CERTIFICATE OF REGISTRATION BY TICKING THE APPROPRIATE BOX: |  HOLD |  MAIL**

**2. How many years has the Firm been operating as a contractor?**

Under its present name? \_\_\_\_\_

What was the Date of Registration? Year/Month/Day: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Under any other name? \_\_\_\_\_ Please state the other name: \_\_\_\_\_

- 3. Who are the Owners/Principals?:** 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_  
5) \_\_\_\_\_ 6) \_\_\_\_\_

**4. Please State the Directors/Managers of the Firm:**

1) Name: \_\_\_\_\_ Position: \_\_\_\_\_

2) Name: \_\_\_\_\_ Position: \_\_\_\_\_

3) Name: \_\_\_\_\_ Position: \_\_\_\_\_

4) Name: \_\_\_\_\_ Position: \_\_\_\_\_

5) Name: \_\_\_\_\_ Position: \_\_\_\_\_

5. Please indicate the Category and Grade for which registration is sought by inserting the requested grade (1, 2, 3, 4) in the space provided for each category.

*(For further information on Grades and Categories see Appendix)*

No.	Categories	Grade	No.	Categories	Grade
1	Asphaltic Concrete Works		17	Landscaping	
2	Blasting		18	Marine Engineering	
3	Bridge Construction		19	Mechanical Works	
4	Building Construction		20	Medical Equipment	
5	Building Maintenance		21	Painting & Decorative Finishes	
6	Civil Engineering		22	Piling	
7	Drilling		23	Pipe Laying	
8	Electrical Works		24	Road Maintenance Works	
9	Elevator, Escalator & Moving Walkways		25	Roofing	
10	Fencing		26	Sandblasting	
11	General Road Works		27	Security Systems	
12	Heating, Ventilation, AirConditioning & Refrigeration		28	Signage	
13	Industrial Maintenance		29	Steel Erection	
14	Information Technology Systems		30	Steel Fabrication	
15	Instrumentation		31	System Building	
16	Interior Construction Works		32	Tank Erection	

**6. Please list the major items of relevant plant and equipment available to the Firm:**

(This page may be copied as required)

If equipment is not supported by Audited Statement, it will not be considered and this will affect your evaluation and category awarded.

No	Item	Age	Owned	Leased/Rented	Condition (e/g/f/p)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

**Key: (e - excellent, g - good, f - fair, p - poor)**

**7. Financial Information (Weighted 30% of Evaluation)**

**7.1 Please State the Total Annual Volume of Construction work performed in the past five years**

Year	Total Annual Volume
20	_____
20	_____
20	_____
20	_____
19	_____
19	_____

**7.2 Please Provide Audited Financial Reports for the Last Three Years: Balance Sheets, Profit and Loss Statements, Cash Flow, Auditor's Reports etc. Please List below and Attach:**

Note : If the Auditor's Reports' does not cover the last six months, please also provide up-to-date in-house financial statements.  
(For Re-Registration, Provide Last Year Only)

Year	Items
20	_____
	_____
20	_____
	_____
20	_____
	_____
20	_____
	_____

**7.3 Financial Institution Reference**

Please tell us the names of your banker(s) and other financial institutions who provide financial services and who may be contacted to provide references:

- a) **Name of Institution:** \_\_\_\_\_  
b) address: \_\_\_\_\_ Telephone # \_\_\_\_\_
- c) Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_
- a) **Name of Institution:** \_\_\_\_\_  
b) Address: \_\_\_\_\_ Telephone # \_\_\_\_\_
- c) Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_
- a) **Name of Institution:** \_\_\_\_\_  
b) Address: \_\_\_\_\_ Telephone # \_\_\_\_\_
- c) Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

**STAFFING** (Weighted 30% of Evaluation) *(This page may be copied as required to provide information on additional staff members.)*

**8. Please Provide Details of Full-Time Staff Members.** Details should also be provided for all persons who provide managerial and operational support e.g. Accountants, Secretaries, etc.

**8.1 Professional** (10% of evaluation)

Professional staff includes individuals who have attained the minimum academic qualification of a first degree, or equivalent, and are either: **a)** registered with a professional registration board, **b)** a member of a professional association, or **c)** both

**Name of Individual:** \_\_\_\_\_ Years with Firm: \_\_\_\_\_

a) Name of Professional Registration Board: \_\_\_\_\_ Year of last registration: \_\_\_\_\_

b) Name of Professional Association \_\_\_\_\_

Number of years practicing in profession: \_\_\_\_\_

Academic Qualifications (eg: Cert, Dip, Bsc, Ma, Msc) \_\_\_\_\_ Major Discipline \_\_\_\_\_ Year Qualified \_\_\_\_\_ Accrediting Institution \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Information regarding experience in *each* category of work for which registration is requested:

Category Applied for (List name of category)	No. of Years Experience in this Category of Work	Position Held	Project Description





**RELATIONSHIPS**

**9. Please state the following Relationships with other Organizations:**

A. If the Principal(s) and/or Directors of the Company are Principals and/or Directors of other organisations who also provide goods, works, or services to the construction industry (except those stated above) please state:

(a) Name of Individual	(b) Name of Organisation	(c) Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. If the Firm is a division/subsidiary of another company, please state the name of the parent company:

\_\_\_\_\_

C. If the Firm is otherwise associated or attached to other organizations (Parent, Subsidiary, Associate, Joint-Venture, etc.) who provide goods, works, or services to the construction industry, please state the organizations' names and nature of association:

	Name of Organisation	Nature of Association
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**PROJECTS** (Weighted 30% of Evaluation)

**10.** Please provide details of the **two (2)** most significant projects completed within the last ten years in **each category** applied for. If project has multiple components, please indicate components & approximate values in table provided. *(This page may be copied as required)*

**Name of Project:** \_\_\_\_\_

Location of Project: \_\_\_\_\_

Value of Work Executed \$: \_\_\_\_\_

Original Contract Period: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks \_\_\_\_\_ Days

Contract Start Date: \_\_\_\_\_ (Y/M/D)

Contract Completion Date (Practical Completion): \_\_\_\_\_ (Y/M/D)

Nature of Work Executed by Firm: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Client:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph.# \_\_\_\_\_

**Name of Architect/Engineer/Project Manager:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph.# \_\_\_\_\_

Work was executed as : **Main Contractor** | | **Sub Contractor** | | **Joint Venture Partner** | |

If work was performed as either a Sub-Contractor or with a Joint Venture Partner; please state the name of:

(a) Main Contractor: \_\_\_\_\_ Contact Person \_\_\_\_\_ Ph.# \_\_\_\_\_

(b) Joint Venture Partner(s) \_\_\_\_\_ Contact Person \_\_\_\_\_ Ph.# \_\_\_\_\_

<u>Components:</u>	<u>\$Value:</u>
1. Asphaltic Concrete Works	____ / ____
2. Blasting	____ / ____
3. Bridge Construction	____ / ____
4. Building Construction	____ / ____
5. Building Maintenance	____ / ____
6. Civil Engineering	____ / ____
7. Drilling	____ / ____
8. Electrical Works	____ / ____
9. Elev./Escal/Moving Sidewalk	____ / ____
10. Fencing	____ / ____
11. General Road Works	____ / ____
12. Heating/Vent/Ac/Refrig.	____ / ____
13. Industrial Maintenance	____ / ____
14. Information Technology Sys.	____ / ____
15. Instrumentation	____ / ____
16. Interior Construction Works	____ / ____
17. Landscaping	____ / ____
18. Marine Engineering	____ / ____
19. Mechanical Works	____ / ____
20. Medical Equipment	____ / ____
21. Painting & Decorative Works	____ / ____
22. Piling	____ / ____
23. Pipe Laying	____ / ____
24. Road Maintenance Works	____ / ____
25. Roofing	____ / ____
26. Sandblasting	____ / ____
27. Security Systems	____ / ____
28. Signage	____ / ____
29. Steel Erection	____ / ____
30. Steel Fabrication	____ / ____
31. System Building	____ / ____
32. Tank Erection	____ / ____

**PROJECTS Cont.**

**11. If the Firm failed to complete any project within the last three years please state:**

*(This page may be copied as required)*

**Name of Project** \_\_\_\_\_

Name of Client: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph.# \_\_\_\_\_

Name of Architect/Engineer/Project Manager in charge: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph.# \_\_\_\_\_

Location of Project: \_\_\_\_\_ Value of Work Executed  
\$: \_\_\_\_\_

Contract Sum: \$ \_\_\_\_\_

Work was Executed as:    Main Contractor |    Sub Contractor |    Joint Venture Partners |    |

If work was performed as either a (a) Sub-Contractor or (b) with a Joint Venture Partner; Please state the name of:

(a) Main Contractor: \_\_\_\_\_

(b) Joint Venture Partner(s) \_\_\_\_\_

**List briefly three main reasons why the company failed to complete the contract:**

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AFFIDAVIT UNDER THE VOLUNTARY DECLARATIONS ACT

**IN THE MATTER of Part IIIA  
of the Contractor-General Act.**

**AND IN THE MATTER of the  
National Contracts Commission**

I/We, \_\_\_\_\_, being duly sworn, make oath and say as follows:

*(Name/s of owner or director)*

1. That my/our address is at \_\_\_\_\_ and I am/we are  
*(Postal address of person (s) above)*

\_\_\_\_\_ and I am/we are duly  
*(Description and relationship to contractor - owner or director)*  
authorised to make this affidavit on behalf of

\_\_\_\_\_  
*(Name of contractor / firm)*

2. That the facts set forth in the National Contracts Commission Application for Inclusion on the Register of Contractors for the Government of Jamaica are based on my/our personal knowledge or information obtained from the files of

\_\_\_\_\_ to which I/we have full  
access.

*(Name of contractor / firm)*

3. That I/we declare that I/we have carefully read the foregoing application form of

\_\_\_\_\_  
*(Name of contractor / firm)*

and that to the best of my/our information, knowledge, and belief, the information provided in the said form is true and correct

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Voluntary Declarations Act.

Sworn to at \_\_\_\_\_ )  
This \_\_\_\_\_ Day of \_\_\_\_\_ )  
Before me:- \_\_\_\_\_ )  
\_\_\_\_\_ )

\_\_\_\_\_  
***Justice of the Peace for the Parish of:***