



Ministry of Works, وزارة الأشغال
Municipalities Affairs وشؤون البلديات
and Urban Planning والتخطيط العمراني

COST ENGINEERING DIRECTORATE

PREQUALIFICATION FORM FOR INSTRUMENTATION, ELECTRONIC CONTROL AND SCADA SYSTEM FOR SEWERAGE PUMPING STATION, STP & TSE PLANT

(To be completed in full by all Contractors wishing to tender for specialized works)

NOTE:

1. The Directorate reserves the right to require the production of any evidence in support of all details entered hereunder.
2. The Applicant shall attach the following along with his application:
 - a) Curriculum Vitae for all management staff and engineers.
 - b) Photocopies the Council for Regulating the Practice of Engineering Professions License Cards for all Engineers.
 - c) GOSI Statement of account for the last 2 months.
 - d) Photocopies of registration documents for all plant and equipment.
 - e) Audited Annual Financial Statement for the last 3 years and Banker's Reference i.e. a letter from the bank regarding financial relationship of your company with the Bank.
 - f) Consultant's references, Contract Agreements and Completion Certificates for the largest three projects completed within the last three years.
 - g) Copy of current Commercial Registration.
 - h) A Statement form from Ministry of Labour confirming the compliance of approval percentage of Bahransisation in the workforce.
3. This Prequalification Invitation is according to the provision of the Law Regulation Government Tenders & Purchases No. (36) of 2002 and its Implementing Regulations issued by Decree No. (37) of 2002.
4. The Prequalification Invitation & process of issuing Prequalification Certificate is according to the provision of the Ministerial code no. (9) of 2017.
5. The completed prequalification shall be submitted through the Prequalification Electronic System (<https://www.works.gov.bh/English/Services/cost/Pages/n1.aspx>)

PART 1- COMPANY DETAILS1.1 **COMPANY NAME:** _____1.2 **ADDRESS:** Flat No. : _____ Building/Villa No. _____ Road No.: _____

Area No. : _____ Block No. : _____ P.O. Box: _____

Email Address: _____

1.3 **TELEPHONE NUMBER(S):** _____1.4 **TELEX/FAX NUMBER:** _____1.5 **CR NR:** _____1.6 **GRADE:** _____1.7 **DETAILS OF CR (TYPE OF BUSINESS):** _____
_____1.8 **DATE OF ESTABLISHMENT:** _____1.9 **ASSOCIATED COMPANIES:** _____1.10 **OWNERS / PARTNERS:**NameNationality

_____	_____
_____	_____
_____	_____

Managing Director: _____

Other Directors: _____

Company Secretary: _____

1.11 **MAXIMUM VALUE OF CONTRACTS SOUGHT:** _____1.12 **TYPE OF WORK SOUGHT:** _____

Note: The Contractor shall immediately inform the Director, Cost Engineering Directorate of any amendments to the above information.

PART 2 - STAFF

2.1 TOTAL NUMBER OF EMPLOYEES:

Position	Bahraini	Expatriate	Total
General Manager:	_____	_____	_____
Contracts Managers:	_____	_____	_____
Senior Engineers:	_____	_____	_____
Quantity Surveyors:	_____	_____	_____
Site Engineers:	_____	_____	_____
Safety Officer:	_____	_____	_____
General Foremen:	_____	_____	_____
Skilled Technicians:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Semi Skilled Technicians:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Helpers/Labourers:	_____	_____	_____
_____	_____	_____	_____
Apprentices / Trainees (specify):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		GRAND TOTAL:	_____

2.2 SITE STAFF ON CURRENT PROJECTS:

Name of Project:	Supervisory Staff	Skilled Technician	Semi Skilled Technician
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART 3 - SPECIALIST SERVICES:

Note: The Contractor should enter hereunder details of all specialist services offered.

PART 4 - EQUIPMENT, INSTRUMENTS, SPECIAL TOOLS AND TESTING DEVICES (for Specialized Services)

4.1 LIST OF EQUIPMENT, INSTRUMENTS, SPECIAL TOOLS AND TESTING DEVICES OWNED BY THE COMPANY.

Item	Description of Set Up/Details
4.1A - List of Equipment and Instruments (Quantity to be indicated)	

PART 4 - EQUIPMENT, INSTRUMENTS, SPECIAL TOOLS AND TESTING DEVICES (for Specialized Services)

Item	Description of Set Up/Details
4.1B - List of Special Tools and Testing Devices (Quantity to be indicated)	

PART 5 - EXPERIENCE AND REFERENCES

5.1 TOTAL VALUE OF WORK COMPLETED OVER LAST 3 YEARS:

<u>Year</u>	<u>Total Value (BD)</u>
_____	_____
_____	_____
_____	_____

5.2 PRINCIPAL CONTRACTS COMPLETED OVER LAST 3 YEARS:

<u>Project Name</u>	<u>Employer/ Consultant</u>	<u>Commencement Date</u>	<u>Completion Date</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5.3 LIST OF WORKS IN PROGRESS:

<u>Project Name</u>	<u>Employer/ Consultant</u>	<u>Contract Period</u>	<u>Value</u>	<u>% Comp.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5.4 LIST OF REFERENCES:

Bank Reference: _____

*Client / Consultant references: _____

*** (Contract Agreements & Completion Certificates)**

PART 6 - AUTHORISATIONS

6.1 LIST OF PERSONS AUTHORISED TO SIGN ON BEHALF OF THE COMPANY:

	<u>Name</u>	<u>Specimen signatures</u>	<u>CPR No.</u>
A. Contract Documents	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
B. Variation Orders	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
C. Company Cheques	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Note: The Contractor shall immediately inform the Director, Cost Engineering Directorate of any amendments to the above list.

PART 7 - DECLARATION

I declare that the information given above is to the best of my knowledge true and complete and I understand that should any serious error be contained my company will be excluded from the list of Approved Contractors. I also undertake to inform you immediately of any changes to the Company structure.

Signed : _____

Capacity in the Company: _____

Date : _____

Company Stamp :



COST ENGINEERING DIRECTORATE

PREQUALIFICATION CHECKLIST FOR LOCAL CONTRACTORS

Please ensure that the following documents are completed /attached prior to submission. You are required to check (√) each box for all documentation submitted.

- | | | |
|-------|---|--------------------------|
| 1 | Prequalification Form : | |
| (i) | Part 1 - Company Details | <input type="checkbox"/> |
| (ii) | Part 2 - Staff | <input type="checkbox"/> |
| (iii) | Part 3 - Specialist Services (if applicable) | <input type="checkbox"/> |
| (iv) | Part 4 - Plant and Equipment | <input type="checkbox"/> |
| (v) | Part 5 - Experience and References | <input type="checkbox"/> |
| (vi) | Part 6 - Authorization | <input type="checkbox"/> |
| (vii) | Part 7 - Declaration | <input type="checkbox"/> |
| 2 | Copy of Current Commercial Registration | <input type="checkbox"/> |
| 3 | Ministry of Labour Statement
(Confirming the compliance of approval percentage of
Bahrainisation in the workforce) | <input type="checkbox"/> |
| 4 | GOSI Statement of account for the last two (2) months | <input type="checkbox"/> |
| 5 | Bankers Reference
(A letter from the Bank regarding financial relationship of your
company with the Bank) | <input type="checkbox"/> |
| 6 | Audited Financial Reports for the last (3) years | <input type="checkbox"/> |
| 7 | Curriculum Vitae for all management staff and engineers | <input type="checkbox"/> |
| 8 | Copy of the Council for Regulating the Practice of Engineering
Professions License for all Engineers (CRPEP License) | <input type="checkbox"/> |
| 9 | Consultant's References, Contract Agreements and Completion
Certificates for the largest three (3) projects completed within
the last three (3) years | <input type="checkbox"/> |
| 10 | Registration Documents for all Plants and Equipment | <input type="checkbox"/> |

PREQUALIFICATION DOCUMENT CHECKLIST (CONT'D)

- | | | |
|----|---|--------------------------|
| 11 | Details of Safety Officers and their qualifications | <input type="checkbox"/> |
| 12 | Health and Safety Plan | <input type="checkbox"/> |
| 13 | Relevant Material Testing Certificate from MED, Works Affairs for Road Asphalt & Road Safety Barrier (for relevant categories only) | <input type="checkbox"/> |
| 14 | EDD Contractor's License (for electrical category only) | <input type="checkbox"/> |
| 15 | EDD Wiremen's License (for electrical category only) | <input type="checkbox"/> |
| 16 | Quality Assurance Practice/System in place (if available) | <input type="checkbox"/> |
| 17 | Quality Control Practice/System in place (if available) | <input type="checkbox"/> |
| 18 | Organization Chart | <input type="checkbox"/> |
| 19 | Memorandum of Association | <input type="checkbox"/> |

Submitted by :

Signature: _____

Date: _____

Name: _____

CPR No. : _____

Company Name: _____