POOL COVER PAGE FORM 2021-2026 Contractor Structural and Geotechnical Repairs Pool	
Date:	
Work Discipline	
Work Discipline No.:	
Work Discipline Title:	
Contractor	
Contractor Name:	
W-9 Federal ID No.:	
Contractor Address:	
Primary Contact (During Pool Selection Administration Process)	
Primary Contact Name:	
Email:	
Office Phone No.:	
Cell Phone No.:	
Primary Contact (For Future Contracts)	
Primary Contact Name:	
Email:	
Office Phone No.:	
Cell Phone No.:	
Acknowledgements	
I understand the acceptance and completion criteria, submittal, financial screening requirements, contract selection types, and contract caps. My firm will comply with all state and federal contracting requirements applicable to the project. I understand UDOT policies, procedures, and processes may change during the duration of the project and will comply with any changes required by UDOT. I have fully and accurately disclosed any debarment, license issues, and/or investigations being performed by any governmental entity. *As the authorized signatory for my organization, I certify the content of this proposal to be true, accurate, and all matters required by the Solicitation are fully disclosed. I understand any misrepresentations or failure to disclose matters in the proposal is grounds for immediate disqualification and possible suspension or debarment by the Department.*	
Signature Block	
Signature:	
Name:	
Title:	