



**Florida Department of Transportation**

RON DESANTIS  
GOVERNOR

Florida's Turnpike Enterprise  
P.O. Box 613069, Ocoee, FL 34761  
407-532-3999

KEVIN J. THIBAUT, P.E.  
SECRETARY

**ADDENDUM NO. 1**

**DATE:** May 19, 2020

**TO:** PROSPECTIVE BIDDERS AND PLAN HOLDERS

**FROM:** *RMA* Richard M. Nethercote, Jr.,  
District Contracts Administrator  
Florida's Turnpike Enterprise

**SUBJECT:** **CONTRACT NO.:** Z8089  
**FINANCIAL PROJECT NO.:** 443611 5 E2 03  
**COUNTIES:** Seminole, Polk  
**PROJECT NAME:** Pre-Event Sign Repair & Replacement

**BIDS TO BE RECEIVED: June 9, 2020 at 2:30 P.M Local Time**

Proposers and other interested parties are informed that the above referenced documents are hereby revised, changed and supplemented as set forth below:

**REVISED BID SOLICITATION NOTICE**

The Bid Solicitation Notice is revised to include the following:

CONTRACTOR EXPERIENCE DOCUMENTATION: Expertise and Experience is required in the performance of Overhead Signs. The Experience in Overhead Signs form (850-070-03) must be filled out and submitted with the bid to be reviewed by the Department. If a Contractor is presently prequalified with the Department in overhead signs, it is not necessary to submit the form.

**AMENDMENT NOTIFICATION**

If you are a PROPOSAL HOLDER for the subject project, please go to the Online Ordering Website at <https://fdotwp1.dot.state.fl.us/contractproposalprocessingonlineordering> to download **Z8089** from your Order History.

If you have any questions regarding this information, please contact Rich Nethercote at the number shown above, ext. 3885.

Attachment

# Experience in Overhead Signs

## This Form is for Bidder's to list their work experience.

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**Bidder's Name (please print Company name)**                      **Contract ID**                      **Bidder's FEID Number**

Experience in **Overhead Signs** is required to bid on this project as defined below.

- 1) For this Contract the Contractor is required to have at least three (3) years of experience in the performance of Overhead Signs, or the Project Superintendent must have at least three (3) years of like experience as a Superintendent. This Form must be filled out and submitted with the bid to the District Contract Administrator. This form must be signed by the Owner or an Officer of the Company and dated in the space provided on the back (page 2) of this form.
- 2) A Contractor that presently has a certificate of prequalified with the Department in "**Roadway Signing**" will suffice to meet the above requirements. If the Contractor is prequalified as stated, mark an "X" in this space (\_\_\_) and Sign and Date below.

**LIST COMPANY EXPERIENCE**

| Project Name/Number | Project Location<br>( City, State ) | Type of Overhead<br>Signing Work Performed | Owner/Contact Name<br>Contact Phone Number | Prime or<br>Sub | Beginning<br>Mo / Year | Contract<br>Duration |
|---------------------|-------------------------------------|--|--|-----------------|------------------------|----------------------|
|                     |                                     |  |  |                 |                        | Days                 |
|                     |                                     |  |  |                 |                        | Days                 |
|                     |                                     |  |  |                 |                        | Days                 |
|                     |                                     |  |  |                 |                        | Days                 |
|                     |                                     |  |  |                 |                        | Days                 |
|                     |                                     |  |  |                 |                        | Days                 |
|                     |                                     |  |  |                 |                        | Days                 |
|                     |                                     |  |  |                 |                        | Days                 |
|                     |                                     |  |  |                 |                        | Days                 |

**LIST ADDITIONAL COMPANY EXPERIENCE**

| Project Name/Number | Project Location<br>( City, State ) | Type of Overhead<br>Signing Work Performed | Owner/Contact Name<br>Contact Phone Number | Prime or<br>Sub | Month/<br>Year | Contract<br>Duration |
|---------------------|-------------------------------------|--|--|-----------------|----------------|----------------------|
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |

**LIST PROJECT SUPERINTENDENT'S EXPERIENCE**

| Project Name/Number | Project Location<br>( City, State ) | Type of Overhead<br>Signing Work Performed | Owner/Contact Name<br>Contact Phone Number | Prime or<br>Sub | Month/<br>Year | Contract<br>Duration |
|---------------------|-------------------------------------|--|--|-----------------|----------------|----------------------|
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |
|                     |                                     |  |  |                 |                | Days                 |

|   |  |        |
|---|--|--------|
|   |  | / / 20 |
| <b>Print Name</b> of the Owner or Company Officer | <b>Signature</b> of the Owner or Company Officer |        |

*Experience will be calculated by totaling the number of Contract Days listed on the form, and dividing by 365 to determine the number of years of experience in performing the work.*