

		PRE-QUALIFICATION OF TRANSPORT CONTRACTOR	
Name of company			
Company address			
City, Province			
Telephone Numbers		Fax Numbers	
1.0 STATUS OF THE COMPANY			
S. No	DESCRIPTION	ANSWER	
1.1	Has your firm been involved in any litigation with APL or any another company? If yes, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2	National Tax No (Please Provide copy of NTN Certificate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.3	Sales Tax (GST) No (Please Provide copy of GST Certificate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.4	Status of Company		
	• Public / Private Limited	<input type="checkbox"/>	
	• Partnership <input type="checkbox"/>	• Proprietorship <input type="checkbox"/>	
1.5	Company office/showroom		
	• Self owned	<input type="checkbox"/>	
	• Rented	<input type="checkbox"/>	
1.6	Office Setup with (Please provide copy of current letterhead)		
	• Telephone	<input type="checkbox"/>	
	• Fax	<input type="checkbox"/>	
	• Email	<input type="checkbox"/>	
2.0 FINANCIALS & PAST EXPERIENCE			
S. No	DESCRIPTION	ANSWER	
2.1	Average Annual Turnover in last 3 years (Please provide copy of income tax return)		
	• More than or Equal to 30 Million	<input type="checkbox"/>	
	• Between 10 to 29.99 Million	<input type="checkbox"/>	
	• Less than 10 Million	<input type="checkbox"/>	
2.2	Maximum Amount of service order awarded and completed in subject field in last 3 years (Please provide copies of work order)		
	• More than or Equal to 7 Million	<input type="checkbox"/>	
	• Equal to 4 to 6.99 Million	<input type="checkbox"/>	
	• Equal to 1 to 3.99 Million	<input type="checkbox"/>	
	• Less than 1.0 Million	<input type="checkbox"/>	
2.3	Number of Years the Firm is Established (Please provide the evidence of incorporation)		
	• More than or Equal to 08 Years	<input type="checkbox"/>	
	• More than or Equal to 05 Years	<input type="checkbox"/>	
	• From 02 to 05 Years	<input type="checkbox"/>	
	• Less than 02 Years	<input type="checkbox"/>	
2.4	Clientele: (Please provide list of clients with contact information and at least one letter of reference)		
	• Oil & Gas Sector	<input type="checkbox"/>	
	• Others	<input type="checkbox"/>	
2.5	Number of Organizations to which you have provided Transport Services during the last 1 year		
	• Above 05	<input type="checkbox"/>	
	• From 03-05	<input type="checkbox"/>	
	• Less than 03	<input type="checkbox"/>	



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3.0 VEHICLE, DRIVER DETAIL & HSE COMPLIANCE		
S. No	DESCRIPTION	ANSWER
3.1	Vehicle Model: (Please provide vehicle registration books)	
	• 2010 or above Toyota Corolla Cars	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Toyota Hiace, Hi-roof 2001-02 (Reconditioned 2007-08)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.2	Vehicle Ownership (Toyota Corolla Cars / Toyota Hiace) (Please provide lease/ownership agreement)	
	• More than 90% owned	<input type="checkbox"/>
	• 50-89% owned	<input type="checkbox"/>
	• Less than 50% owned	<input type="checkbox"/>
3.3	Trained drivers with valid driving licenses (Please attach copy of licenses)	
	• Yes	<input type="checkbox"/>
	• No	<input type="checkbox"/>
3.4	Driving Experience of Drivers (Please attach copy of licenses)	
	• 12 years of more	<input type="checkbox"/>
	• 8 - 11 years	<input type="checkbox"/>
	• 3 - 7 years	<input type="checkbox"/>
	• Less than 3 years	<input type="checkbox"/>
3.5	HSE Compliance	
	• Seatbelts on every seat	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Fire Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Central Locking	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Availability of First Aid Box	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• Medical Checkup of Drivers	Yes <input type="checkbox"/> No <input type="checkbox"/>