



**MINISTRY OF PHYSICAL PLANNING AND INFRASTRUCTURE DEVELOPMENT
APPROVED LIST OF CONSTRUCTION CONTRACTORS AND SERVICE
PROVIDERS APPLICATION FORM – FOR FINANCIAL YEAR 2026 - 2027**

1. Applications are solicited from construction contractors and service providers to register for to pre-qualification on the approved list for the financial year 2026-2027.

2. Applications could be sent via email or hard copy to:

Contracts Coordinator
Ministry of Physical Planning and Infrastructure
Development Grand Turk/ Providenciales
Turks and Caicos Islands
Email: pwdcontractscoordinator@gov.tc

Labeled: APPROVAL FOR INCLUSION ON APPROVED LIST OF CONSTRUCTION CONTRACTORS AND SERVICE PROVIDERS.

3. There is no deadline for being included on this list however contractors and service providers are encouraged to submit applications as soon as possible as it is proposed that tenders will be issued shortly. A contractor that is not on the Approved List may not be considered for invitations to tender by the Turks and Caicos Islands Government.

4. The application should include the information requested on the attached form:

- a. Contact information: Company Name, Business Address, Contact Name, Telephone numbers, and email address.
- b. Type of employment – You are required to indicate if you are a government employee, statutory body employee or privately employed.
- c. Certificate of company registration with category of license and date trading commenced
- d. Copy of a valid 2026-2027 Business License or receipt of payment for the same
- e. Copy of contractor's All Risk Insurance (if available)
- f. Details of any bankruptcy, legal or financial judgments against the company. (Large Companies)
- g. Number of technical, management/administrative/security and support staff. (Large Companies)
- h. Islands on which the company is willing to undertake work.
- i. Services that the company believe that they can supply.
- j. Certificate of Good Standing (if it is a limited company)
- k. Letter showing that you are in Good Standing with your NIB and NHIB contributions.
- l. A full listing of the Owners and Principal in the format of a letter addressed to the Contract Coordinator, PWD
- m. Applicants may only submit bids for categories permitted under their license.

5. Applications shall be in the English language, must be typed or printed, and must be legible in all aspects.

6. The Employer may request additional information from the Tenderers with respect to their Tender.

PLEASE NOTE

Contractors and service providers will be placed into categories according to their license (that is Petty, Small, Medium, Large, Heavy Equipment/Rental, Security & Fire Safety, etc.), locations in which they are willing to work and the type of service they supply.

Interested contractors can obtain a copy of this notice from the Public Works Offices in Providenciales and Grand Turk, the D. C's offices in the various Caicos Islands or by email from the Contracts Coordinator

It can also be obtained by downloading it from the Government's website at www.gov.tc.

All applications must be in the English Language, must be typed or printed, and must be legible in all aspects.

This is not a onetime application process. You must re-register every April with the Public Works Department to be included on the approved list of contractors and suppliers.

If you have made any changes to your business contact information you must submit a new form to the Contract Coordinator with the updated details of your business. Failing to do so may result in you not receiving updates or any other relevant correspondence from PWD contract Coordinator.

If your Business Entity is a partnership and you have never received payments from TCIG please note if you are awarded a contract by TCIG, you must submit a letter of consent to the Treasury Department stating one party can receive payments on the behalf of the other. Failing to do so will result in your payment/s being delayed.



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To be completed fully by the authorized representative of the interested company and submitted with supporting documentation to the Contract Coordinator at the address shown on the Notice.

New Application

Renewal

Information Update

SPECIFICATION	COMPANY DETAILS				
Business Name: <i>The name as it is on your business license. ⇒</i>					
Business Address: <i>Physical address where your business is registered and operates from. ⇒</i>					
Type of employment: <i>You are required to indicate if you are a government employee, statutory body employee or privately employed.</i>	<input type="checkbox"/> Government Employee <input type="checkbox"/> Statutory Body Employee <input type="checkbox"/> Privately employed				
Type of Business	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company				
Contact Name <i>Name of contact person for the company. ⇒</i>					
Contact Telephone Number: ⇒	(649) ___ - ____				
Contact Email Address: ⇒					
Business Registration Category ⇒	<input type="checkbox"/> Petty <input type="checkbox"/> Medium <input type="checkbox"/> Other <input type="checkbox"/> Small <input type="checkbox"/> Large				
Date commenced trading: ⇒	_____ / _____ / _____ Day Month Year				
Copy of Company Registration Attached ⇒	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Insurance documents attached <i>(if available)</i> ⇒	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has the Business entity/ Company ever been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<i>(If yes give details)</i>				
Has any other legal or financial judgement been placed upon the Business entity/ company?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Total number of Employees _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Technical</td> <td style="width: 50%; text-align: center;">Security</td> </tr> <tr> <td style="text-align: center;">Management</td> <td style="text-align: center;">Support and Ancillary</td> </tr> </table>	Technical	Security	Management	Support and Ancillary
	Technical	Security			
Management	Support and Ancillary				
Health and Safety Policy ⇒	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Indicate in which Islands the Business Entity / Company is willing to operate (<i>select all that apply</i>)	<input type="checkbox"/> Grand Turk	<input type="checkbox"/> Providenciales
	<input type="checkbox"/> Middle Caicos	<input type="checkbox"/> Salt Cay
	<input type="checkbox"/> North Caicos	<input type="checkbox"/> South Caicos
Provide an Outline of Services currently supplied and managed (<i>Select all that applies</i>)	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Landscaping and Gardening
	<input type="checkbox"/> Decorating	<input type="checkbox"/> Marine Works
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Masonry
	<input type="checkbox"/> Earth Works	<input type="checkbox"/> Metal Fabrication and Welding
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Painting
	<input type="checkbox"/> Fire Alarm & Suppressant Systems	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Flooring	<input type="checkbox"/> Roads / Drains Works
	<input type="checkbox"/> General Building	<input type="checkbox"/> Roofing
	<input type="checkbox"/> Generator Repairs and Servicing	<input type="checkbox"/> Security Systems
If the provided services are not mentioned above please state the current services that you supply and manage. ⇒		
Have you ever received any payments for your business/ company from the Turks and Caicos Government? ⇒	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your Banking Information attached to your Vendor Identification on TCIG Smart Stream? (<i>If no, please state the Banking Information for your Business entity for future payments by TCIG</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bank Name: _____ Bank Account Number _____		
<i>The details provided above are true and complete to the best of my/ our knowledge</i>		
_____	_____	_____
Name	Company	Position in the Company
_____	_____/_____/_____ Day Month Year	
Signature		

<p><i>For Official Use Only:</i> Is the Vendor on TCIG Smart-Stream? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If, Yes, Smart Stream Vendor ID: _____</p> <p><input type="checkbox"/> IDs Attached</p> <p><input type="checkbox"/> Partnership Consent Attached</p> <p>Date Received: ____/____/____ (D/M/Y)</p>
