CONSULTANT QUALIFICATION FORM

1. Firm Name/Business Address:

2. Services to be qualified for:
- ☐ Street/Highway
- ☐ Traffic
- ☐ Drainage (Storm Sewer)
- ☐ Bridges
- ☐ Architectural Services
- ☐ Geotechincal
- ☐ Environmental
- ☐ Other

3. Services qualified for state projects:
- ☐ Street/Highway
- ☐ Traffic
- ☐ Drainage (Storm Sewer)
- ☐ Bridges
- ☐ Architectural Services
- ☐ Geotechincal
- ☐ Environmental
- ☐ Other

3. Names of not more than two (2) principals to contact:

Name: _____   _____
Title: _____   _____
Telephone: _____   _____
Fax: _____   _____
E-mail: _____   _____

4. Present Offices:

City: _____   _____
State: _____   _____
Telephone: _____   _____
Fax: _____   _____
E-mail: _____   _____
Personnel: _____   _____

5. Personnel by Discipline: (List each person only once, by primary function.)

____Administrative	____Estimators	____Planners: Urban/Regional	____Transportation
____Architects	____Geologists	____Sanitary Engineers	Engineers
____Civil Engineers	____Hydrologists	____Soils Engineers	____ _____
____Construction Inspectors	____Interior Designers	____Specification Writers	____ _____
____Draftsmen	____Landscape Architects	____Structural Engineers	____ _____
____Ecologists	____Mechanical Engineers	____Surveyors	____ _____

6. Brief resume of key persons, specialists, and individual consultants to be qualified:

a. Name & Title:

b. Project Assignment:

c. Name of Firm with which associated:

d. Years experience: *With this Firm:*   *With other Firms:*

e. Education: *Degree(s)/Year/Specialization*

f. Other experience and qualifications relevant to the proposed qualified services:

a. Name & Title:
b. Project Assignment:
c. Name of Firm with which associated:
d. Years experience: *With this Firm:* *With other Firms:*
e. Education: *Degree(s)/Year/Specialization*
f. Other experience and qualifications relevant to the proposed qualified services:

a. Name & Title:
b. Project Assignment:
c. Name of Firm with which associated:
d. Years experience: *With this Firm:* *With other Firms:*
e. Education: *Degree(s)/Year/Specialization*
f. Other experience and qualifications relevant to the proposed qualified services:

a. Name & Title:
b. Project Assignment:
c. Name of Firm with which associated:
d. Years experience: *With this Firm:* *With other Firms:*
e. Education: *Degree(s)/Year/Specialization*
f. Other experience and qualifications relevant to the proposed qualified services:

a. Name & Title:
b. Project Assignment:
c. Name of Firm with which associated:
d. Years experience: *With this Firm:* *With other Firms:*
e. Education: *Degree(s)/Year/Specialization*
f. Other experience and qualifications relevant to the proposed qualified services:

8. *Profile of Firm's Project Experience*				
List 3 projects within the past 5 years for each service for which you are requesting qualification:	Names of 3 key people for each project listed:	Project owner's Name & Address:	Completion Date *(actual or estimated)*	Fee *(in thousands)*
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				
(g)				