

State of Nevada
Department of Transportation
STATEMENT OF QUALIFICATION FORM

The Statement of Qualification Form must be completed in full, and submitted as part of the proposal package per Request for Proposal instructions.

1. Date Prepared: _____

2. Firm's Name: _____

3. Firm's Address: _____

Phone: _____ FAX: _____

4. Is your local office the main office: or branch office: or sole office?

5. Year your firm was established: _____

6. Year your local office was established: _____

7. Location of:

a. Main office:

b. Local office:

c. Invoice remit-to office:

8. Year former firm(s) were established:

a. _____

b. _____

c. _____

d. _____

9. Name, title, telephone number, mailing address and e-mail address of one principal in firm who may be contacted:

10. List locations of other offices (no more than five):

	<u>Address</u>	<u>Telephone</u>	<u>No. of Personnel</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

11. Total employees presently employed:
- a. At your local Northern Nevada office: _____
At your local Southern Nevada office: _____
 - b. In your firm: _____

12. By category, give the number of projects your firm is working on / has worked:
- | | <u>Current/Active</u> | <u>Last Five (5) Years</u> |
|------------------------|-----------------------|----------------------------|
| a. Public/Governmental | _____ | _____ |
| b. Commercial | _____ | _____ |
| c. Residential | _____ | _____ |
| d. Other | _____ | _____ |

13. Nevada Department of Transportation encourages the participation and utilization of minority and women-owned businesses.
- a. Is your firm certified as a minority-owned, women-owned or disabled veteran-owned business?
 Yes No Specify _____
 - b. If yes, by what government agency? _____

14. Specialty: _____ (i.e.: Project Management, etc.)

The Nevada Department of Transportation periodically engages consultants to perform work of a specialized nature including (but not limited to) such areas as DBE Supportive Services, Claims Review, etc.

I. Briefly describe your specialty as it applies to this Project's discipline, and the scope of the services that your firm provides.

II. Select three recent projects that have applicability to this Project, and list a reference that the DEPARTMENT may contact for each.

PROJECT NAME	REFERENCE	TELEPHONE

15. List all professional, technical, and key members on staff in your local office. Indicate **YEARS OF EQUIVALENT-FULL-TIME EXPERIENCE** per each professional expertise. (Duplicate additional sheets if needed)

NAME	TITLE	EDUCATION	YEARS OF EXPERIENCE			AREA(S) OF PROFESSIONAL EXPERTISE
			LOCAL OFFICE	FIRM	CAREER TOTAL	Enter: YEARS OF EQUIVALENT-FULL-TIME EXPERIENCE PROFESSION
		DG/YR				