



State of Nevada
Department of Transportation

RFP No. _____ REFERENCE QUESTIONNAIRE
FOR:

(Name of company requesting reference)

This form is being submitted to your company for completion as a business reference for the company listed above. Please return this form to the Nevada Department of Transportation (NDOT) via email to agreeservices@dot.state.nv.us, or fax to (775) 888-7101 no later than _____ at 3:00pm. Do not remit this document to the company requesting the reference.

The information contained in this questionnaire will be confidential and will not be accessible to the referenced company. For questions or concerns regarding this form, please contact the Agreement Services Division by phone - (775) 888-7070 or email - agreeservices@dot.state.nv.us and refer to the RFP number.

CONFIDENTIAL INFORMATION

Company providing reference _____
Contact name and title/position _____
Contact telephone number _____
Contact email address _____

Questions:

1. In what capacity have you worked with this company in the past? Please explain the company's responsibilities.

COMMENTS:

2. How would you rate this company's knowledge and expertise?
_____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

3. How would you rate the company's flexibility relative to changes in the project scope and timelines?
_____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

4. What was your level of satisfaction with hard-copy materials/products developed by the company?

_____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

5. Was the work done by this company completed on time and within budget?

COMMENTS on Time:

COMMENTS on Budget:

6. Who were the company's principal representatives involved in your project and how would you rate them individually? Please comment on the skills, knowledge, behaviors or other factors on which you base your rating.

(3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

Name: _____ Rating: _____

Name: _____ Rating: _____

Name: _____ Rating: _____

Name: _____ Rating: _____

COMMENTS:

7. With which aspect(s) of this company were you:

Most satisfied with

COMMENTS:

Least satisfied with

COMMENTS:

8. Would you recommend this company's service to your organization again?

COMMENTS: