## COLORADO DEPARTMENT OF TRANSPORTATION ARCHITECT - ENGINEER PREQUALIFICATION QUESTIONNAIRE NOTE: COLORADO LAW REQUIRES PROSPECTIVE CONSULTANTS TO ANNUALLY SUBMIT THIS QUESTIONNAIRE TO BE CONSIDERED FOR CONTINUATION OF THEIR PREQUALIFIED STATUS.

1. Firm name			2. Established			3. Type of organization (check one)		
			A. Year B. State			☐ Partnership ☐ Joint venture		
			A. i eai	D. State		☐ Individual ☐ Corporation		
			c. FEIN			☐ Other:		
4. Former firm r	name(s), if any, and year(	(s) established	5. Home office bus	siness address	A. Telephone #			
					-	B. Fax #		
6. Present branch A. Address				B. Telephone #		D. Company E-mail address		
office(s)				C. Fax #				
Colorado	in Colorado							
7. Principals of firm or				8. Are you a Colorado DOT				
branch in Colorado				If was provide Cartification		□ No		
Colorado				If yes, provide Certification # and Expiration Date of certification				
				Certification #				
				Expiration date				
8.A. Are you a (	Colorado certified Disadv	antaged Business Er	nterprise (DBE)	Certification #		8.B. Ethnic code (check one)		
☐ Yes ☐	No					☐ Asian		
	ppropriate box and fill in (		xpiration date:	Expiration date		<ul><li>□ Black</li><li>□ Caucasian</li></ul>		
<ul><li>Minority Business Enterprise (MBE)</li><li>Women Business Enterprise (WBE)</li></ul>				Expiration date		☐ Hispanic		
• • • • • • • • • • • • • • • • • • • •						☐ Indian		
9. Key personne	el of firm (names)							
A. Architects B. Landscape Archit			tects	C. Civil Engineers		D. Structural Engineers		
E. Sanitary Eng	jineers	F. Mechanical Engin	ieers	G. Electrical Engineers		H. Surveyors		

## 10. Number of personnel in your present organization

		Principals and key personnel				Other personnel										
	Located at	Architect Engineer	Other	Architect	Engineers			Spec.		Inspec-	Survey-	Balance	TOTALS			
						Elec	Civil	Other		writers	tors	tors	ors	Daidilice		
A.	Home office															
e in																
office																
Branch																
B. Br																
C.	TOTALS															

11. Outside as	sociates and consultants usually employed by your firm		
a. Category	b. Name of firm or individual and address	a. Category	b. Name of firm or individual and address
Α.		E.	
Architects		Sanitary	
		Engineers	
В.		F.	
Landscape		Mechanical	
Architects		Engineers	
C.		G.	
Civil		Electrical	
Engineers		Engineers	
D.		H.	
Structural Engineers		Surveyors	
Liigiileeis			
12. Indicate in	order of precedence, using "1", "2", "3" etc., the types of projection	cts in which ye	our firm specializes.
_	_ Acoustical Engineering (AC)		_ Highway and Street Design (HD)
	_ Architecture (AR)		_ Hydraulics (HY)
_	Buildings Management (Contract Administration) (A	ABA)	_Industrial Hygienist
_	Buildings (Construction) (ABC)		_ Landscape Architecture (LA)
_	_ Bridge Design (BR)		_ Materials Testing (MT)
_	_ Bridge Inspection (BI)	_	_ Mechanical Engineering (ME)
_	Civil Engineering (CE)		_ Sanitary Engineering (SA)
_	_ Electrical Engineering (EL)		_ Soils Engineering (SO)
	Engineering Expert Witness (EW)		_ Structural Engineering (SE)
	Engineering Management (Contract Administration)	(MA)	_ Surveying (SU)
	_ Engineering Management (Construction) (MC)		_ Traffic Engineering (TR)
_	Environmental Engineering (EN)		_ Transportation Engineering (TP)
_	Geological Engineering (GL)		_ Tunneling (TU)
	Geotechnical Engineering (GE)		_ Value Engineering (VE)

13. Personal history statement of principals, associates and other key personnel within your firm (furnish complete data but keep to essentials) A. Name (last, first, middle initial) C. Name (last, first, middle initial) E-mail address Years of E-mail address Years of Years of Years of Years of Years of experience as expierence expierence expierence experience as expierence principle in as principle in other than as principle in as principle in other than as this firm other firms principle this firm other firms principle Education (college, degree, year, specialization) Education (college, degree, year, specialization) List membership in professional organizations List membership in professional organizations Colorado Professional Architect, Engineer or Surveyor Registration (number and Colorado Professional Architect, Engineer or Surveyor Registration (number and year) year) B. Name (last, first, middle initial) D. Name (last, first, middle initial) E-mail address Years of Years of Years of E-mail address Years of Years of Years of expierence expierence experience as expierence experience as expierence as principle in other than as principle in as principle in other than as principle in this firm other firms principle this firm other firms principle Education (college, degree, year, specialization) Education (college, degree, year, specialization) List membership in professional organizations List membership in professional organizations Colorado Professional Architect, Engineer or Surveyor Registration (number and Colorado Professional Architect, Engineer or Surveyor Registration (number and year) year)

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year)

year)

Colorado Professional Architect, Engineer or Surveyor Registration (number and

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Type of project	Description of work (list in detail)	Location	Name, address and phone # of owner and references	Estimated construction cost
			ct or Engineer of Record during	last 5 years.
	Description of work	1 C	Name, address and phone #	Fatimated construction cost
Type of project	Description of work (list in detail)	Location	Name, address and phone # of owner and references	Estimated construction cost
Type of project	(list in detail)	Location	of owner and references	Estimated construction cost
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Type of project	(list in detail)	Location	of owner and references	Estimated construction cost

T	Description of work		0	Estimated costs	Firm associated with		
Type of project	(list in detail)	Location	Owner	Total construction	Firm associated with		
5a. Present or complet	ed CDOT project activiti	es on which your firm is	was associated with oth	<b>iers during last 5 years.</b> (indica	ate phase of work for which		
5a. <b>Present or complet</b> our firm is/was responsib	ed CDOT project activition  ble)	es on which your firm is	was associated with oth	ers during last 5 years. (indica	ate phase of work for which		
our firm is/was responsib	Description of work			Estimated costs	Firm associated with		
5a. <b>Present or complet</b> our firm is/was responsib	ole)	Location	Owner				
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our firm is/was responsib	Description of work			Estimated costs			
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our firm is/was responsib	Description of work			Estimated costs			
our firm is/was responsib	Description of work			Estimated costs			
our firm is/was responsib	Description of work	Location		Estimated costs			

15. Present or completed activities on which your firm is/was associated with others during last 5 years. (indicate phase of work for which your firm is/was

16. In the event spaces provided on this form are not sufficient for entries, or you wish to furnish additional information, it may be inserted here, on the reverse of this page, or on separate sheets, with appropriate references							
17. Does your firm have a program for Equal Employment Op	pportunity	□ yes □ no					
18. Acknowledgement		Name					
I DECLARE UNDER PENALTY OF PERJURY IN TH DEGREE, AND ANY OTHER APPLICABLE STATE ( LAWS, THAT THE STATEMENTS MADE ON THIS D	OR FEDERAL OCUMENT	Title					
ARE TRUE AND COMPLETE TO THE BEST OF MY FURTHER, I WARRANT THAT THE FIRM'S BUSINE MAY BE AUDITED BY THE DEPARTMENT OR IT'S	ESS RECORDS DESIGNATED	Firm					
REPRESENTATIVE AS A CONDITION OF CONTRACT.	ACT NEGOTIA-	Mailing address					
Signature of authorized principal	Date						
Signature of authorized principal	Dale						
NOTE: COLORADO LAW REQUIRES PROSPEC	TIVE CONSULT	ANTS TO ANNUALLY SUBMIT THIS QUESTIONNAIRE TO BE CON-					
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