## APPLICATION FOR ACQUISITION AND/OR RELOCATION SERVICES ON PROJECTS FOR THE COLORADO DEPARTMENT OF TRANSPORTATION (CDOT) AND/OR LOCAL PUBLIC AGENCY (LPA) PROJECTS

## PLEASE – DO NOT send sample materials that include Social security numbers - just black out any SSNs. Return Completed Application and Work Samples to Wesley Loetz – wesley.loetz@state.co.us

Name (Individual)	
, , ,	
Address (Street, City, State, Zip)	
Phone Number	E-Mail Address
Local Agency or Firm associated with (If applicable)	
Please list individuals at that firm who are currently on the qualified list:	
Have you previously applied as part of a firm?	Name of firm previously applied at (If applicable)

The purpose of this statement is to establish a qualification list of individuals that shall be utilized by CDOT and/or a Local Agency.

Please check service(s) to be pre-qualified: Acquisition and/or Relocation.

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**<u>CRITERIA FOR QUALIFICATION</u>**: In order to qualify for Acquisition Services, you must comply with each of the following:

- You must demonstrate through two (2) examples from the past 4 years, work in which you have performed or supervised complex right of way acquisition for projects administered under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (Title 49, Code of Federal Regulations, Part 24 - Uniform Act). <u>At a minimum</u>, include the settlement packet and the negotiator's log. Be sure the packet contains adequate detail to show compliance with the Uniform Act.
- List the name(s) of those individuals and Local Public Agencies, e.g., counties, municipalities, etc., and a
  phone number of a contact person for whom you have performed complex right of way acquisitions under
  the Uniform Act. These references must demonstrate that you have had verifiable experience in right of
  way acquisition.

## **RELOCATION**

**<u>CRITERIA FOR QUALIFICATION</u>**: In order to qualify for Relocation Services, you must comply with each of the following criteria:

- You must demonstrate through two (2) examples from the past 4 years, work that you have personally performed, supervised, or signed as a reviewer, the ability to satisfactorily perform relocation services which includes: providing advisory assistance, calculation of relocation payments, decent, safe, and sanitary inspections, etc for projects administered under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (Title 49, Code of Federal Regulations, Part 24 Uniform Act). At a minimum, include a residential and a business determination and the relocation log. Be sure the packet contains adequate detail to show compliance with the Uniform Act.
- List the name(s) of those individuals and Local Public Agencies, e.g., counties, municipalities, etc., and a
  phone number of a contact person for whom you have performed relocation payment determination and
  advisory assistance services under the Uniform Act. These references must demonstrate that you have
  had verifiable experience in performing relocation services.

ACQUISITION CONTACTS (One per line – Name, Position, Agency, Phone #)

**RELOCATION CONTACTS** (One per line – Name, Position, Agency, Phone #)

**Acknowledgment:** I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS, THE STATEMENTS ATTACHED TO THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant
Signature: \_\_\_\_\_

Date: \_\_\_\_\_