

STATEMENT OF QUALIFICATIONS

Type of Services: Refer to the California State Contracts Register website - <http://www.cscr.dgs.ca.gov/cscr/>

Circle ALL appropriate Type of Services your firm will provide:

- | | |
|----------------------------|----------------------------|
| a) Architectural | d) Environmental |
| b) Landscape Architectural | e) Engineering |
| c) Land Surveying | f) Construction Management |
| g) Other: _____ (fill in) | |

1. Firm Name: _____

2. Business Address: _____

3. Firm Established: (Year) _____ Telephone: _____

4. Type of Organization: (Check one)

- a. Sole Proprietorship () b. Partnership () c. Corporation () d. Joint Venture ()

5. If a sole proprietorship or partnership, provide the required information for each Principal (P) and Associates (A) to be utilized on the project: (Check "P" or "A" for each). If a corporation, provide the names of the corporate officer responsible and the required information on each principal employee to be assigned to the project.

NAME	P	A	DEGREE OR CERTIFICATION	INSTITUTION
a.				
b.				
c.				
d.				

6. Average staff employed in home office: (Average of past 5 years)

- a. Architects _____
- b. Engineers _____
- c. Landscape Architects _____
- d. Interior Designers _____
- e. Drafting Technicians _____
- f. Clerical _____
- g. Other _____

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7. List 3 major projects completed within the past 5 years that indicate your consulting experience. If your firm provides a variety of consulting services, provide projects for each type of service.

(One Form Per Project)

- a. Project Name and Type: _____
- b. Project Location: _____
- c. Owner's Name: _____
Address: _____
Phone: _____
Contact Person: _____
- d. Design Professional: _____
Phone: _____
Contact Person: _____
- e. General Contractor: _____
Phone: _____
Contact Person: _____
- f. Gross Square Feet: _____
- g. Project Timetable:
 - 1. Design Start Date: _____
 - 2. Construction Start Date: _____
 - 3. Construction Completion Date: _____
- h. Project Cost:
 - 1. Cost at Bid \$ _____
 - 2. Cost at Completion \$ _____

- i. List the staff & their title that was assigned to this project:

Name	Title

- j. Describe, briefly, the scope of project: _____

- k. Specific services provided: _____

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8. References:

- a. _____
- b. _____
- c. _____

9. Describe the quality of service that distinguishes your firm.

10. For the services your firm provides, what types of projects does your firm have experience in? (e.g. Housing, lab & research facilities, classrooms, etc.)

By: _____
(Signature) (Type Name)

Position: _____

Date: _____

Please attach to this form any other information you wish us to consider, such as your firm's brochure or a discussion of your recent work.