



## 2025 Department-Wide RFQ Consultant Prequalification Application

**PLEASE READ** the Submittal/Application Instructions on the [CPO website](#) before completing the application

### 1. CONTACT INFORMATION:

a. Firm Name:	b. Office Phone No.:	c. Cell Phone No.:
d. Prequalification Contact First & Last Name:  <input type="checkbox"/> Mr. _____ <input type="checkbox"/> Ms. _____	e. Title:	f. Prequalification Contact Email Address:
g. Firm's Website:		h. Name of Firm's President/Managing Officer:

### 2. CORPORATE INFORMATION:

a. Type (select all that apply): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Minority Owned <input type="checkbox"/> Woman Owned <input type="checkbox"/> Small Business <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation (State of origin): _____ <input type="checkbox"/> Other: _____	b. Does your firm have an Audited Overhead Report dated with the last two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No  What is the date of your most recent Audited Overhead Report? _____  <i>(Refer to the Consultant General Conditions regarding the requirements for an Audited Overhead Report)</i>	c. Is your firm a Disadvantaged Business Enterprise (DBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, are you certified as such by MaineDOT's Civil Rights Office? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is your firm's Corporate Headquarters located in Maine? <input type="checkbox"/> Yes <input type="checkbox"/> No  What is the address of your Corporate Headquarters: _____		

### 3. AFFIRMATIVE ACTION:

a. Does your firm have a current Equal Employment Opportunity policy and plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Is your firm aware of Equal Employment Opportunity (EEO) responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Is your firm aware of MaineDOT's goals for utilization of DBE firms? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

### 4. DEBARMENT, SUSPENSION, INELIGIBILITY, OR EXCLUSION:

a. Has your firm been debarred, suspended, declared ineligible, or voluntarily excluded from contracts by the Federal Government or any State Agency within the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, briefly explain:
--

This form must be filled out in its entirety. Please refer to the Submittal/Application Instructions on the [CPO website](#) for additional information.

## 5. SERVICES REQUESTED FOR PREQUALIFICATION CONSIDERATION:

**PLEASE READ BEFORE SELECTING ANY SERVICES:** Select the check box below next to each Service Number for which prequalification is requested. Select only those that your firm meets the criteria described in the Service Number definitions at: <https://www.maine.gov/dot/doing-business/consultant-procurement#Prequal> Supplemental Questions, if any, must be answered for each Numbered Service checked below. Sections Highlighted below indicate there are Supplemental Questions, which can be found at <https://www.maine.gov/dot/doing-business/consultant-procurement#Prequal> by clicking on the OUC-Program, then "Download Supplemental Questions." There is also an icon next to each OUC-Program on the web to identify that there are Supplemental Questions.

### 1. **OUC 11000 – RESULTS & INFORMATION OFFICE:**

- ☐ 102.20 Pavement Management Data  
*102.30 Planning Data – Transportation Systems Inventory is now incorporated with Service Area 116.00 Data Services*
- ☐ 111.00 Transportation Technology Planning
- ☐ 112.00 Pavement Management Technical Support
- ☐ 113.00 Grant Application Assistance
- ☐ 115.00 Asset Management Documentation and Analysis
- ☐ 116.00 Data Services

### 2. **OUC 17000 – OFFICE OF SAFETY & MOBILITY:**

- ☐ 102.10 Planning Data-Travel Demand Modeling
- ☐ 102.40 Planning Data-Traffic Simulation and Animation Modeling
- ☐ 102.70 Highway Safety Analysis

### 3. **OUC 18000 – ENVIRONMENTAL OFFICE:**

- ☐ 103.40 Transportation Noise Studies
- ☐ 502.20 Natural Resource Assessment
- ☐ 502.30 Underwater Sound Pressure Monitoring
- ☐ 503.10 Compensatory Wetland Mitigation
- ☐ 503.20 Fluvial Geomorphology, Natural Channel Design and Aquatic Organisms Passage
- ☐ 504.00 Conservation of Historic Plaques and other Historic Objects
- ☐ 504.10 Architectural Historian
- ☐ 504.20 Cultural Resource Management Services [Section 4(f) of the Department of Transportation Act]
- ☐ 504.30 Rare and Endangered Mussels
- ☐ 504.40 Environmental Permitting
- ☐ 504.50 NEPA Studies, Process, Documentation
- ☐ 504.60 Cultural Resources Management Services (Archaeology)
- ☐ 504.70 Section 4(f) US DOT Act Technical Assistance
- ☐ 505.10 Hydrogeology & Contamination Environmental Studies
- ☐ 506.00 Surface Water Quality, Post Construction Storm Water Management
- ☐ 506.10 Stormwater Permit Compliance
- ☐ 507.00 Hydraulics & Hydrologic Studies
- ☐ 508.10 Energy Services

### 4. **OUC 40000 – BUREAU OF PLANNING:**

- ☐ 101.00 Transit Marketing
- ☐ 101.10 Transit Planning for Rural and Small Urban Projects
- ☐ 101.40 Freight Rail Planning, Design, & Technical Assistance
- ☐ 101.60 Port Planning, Design, & Technical Assistance  
*101.70 Marine Services and Port Planning is now incorporated with Service Area 101.60 Port Planning, Design, & Technical Assistance*
- ☐ 103.00 Mobility Management
- ☐ 103.10 Transportation Demand Management

### **OUC 40000 – BUREAU OF PLANNING CON'T.:**

- ☐ 103.20 Public Engagement Methods
- ☐ 103.30 Cost Benefit/Economic Studies
- ☐ 103.50 Regional Planning Studies
- ☐ 103.60 Planning-Feasibility Studies
- ☐ 106.10 Passenger Rail Operations Development  
*106.30 Marine Services Operations Development is now incorporated with Service Area 106.40 Marine Facilities Infrastructure & Operations Development*
- ☐ 106.50 Bicycle and Pedestrian Operations Development
- ☐ 107.30 Vehicle Inspections Operations Development
- ☐ 107.40 Vehicle Specifications Operations Development
- ☐ 107.80 Inter City Bus Service
- ☐ 108.00 Drug & Alcohol Compliance (FTA, MSFS, FAA, etc.)
- ☐ 110.00 Training for Multiple Transportation Modes
- ☐ 214.10 Bridge Ranger Services
- ☐ 214.20 Road Ranger Services
- ☐ 214.30 Traffic Ranger Services

### 5. **OUC 54000 – PROPERTY OFFICE:**

- ☐ 301.20 Property Surveys

### 6. **OUC 57000 – MULTIMODAL PROGRAM:**

- ☐ 205.00 Naval Architecture Planning & Design

### 7. **OUC 60000 – FREIGHT & BUSINESS LOGISTICS:**

- ☐ 101.30 Freight Planning, Design, & Technical Assistance
- ☐ 104.10 Motor Carrier Safety
- ☐ 104.20 Innovative Technology Deployment (ITD) Program
- ☐ 106.20 Intermodal Facilities Operations Development
- ☐ 106.40 Marine Facilities Infrastructure & Operations Development
- ☐ 109.10 Homeland Security Systems
- ☐ 109.20 Homeland Security Planning

### 8. **OUC 70000 – MAINTENANCE & OPERATIONS:**

- ☐ 501.00 Environmental Health & Safety Consultation

This form must be filled out in its entirety. Please refer to the Submittal/Application Instructions on the [CPO website](#) for additional information.

## 6. LIST OF QUALIFYING PERSONNEL WORKSHEET:

### **Worksheet for all Service Numbers:**

A *List of Qualifying Personnel Worksheet* must be completed for each OUC – Program a Firm is applying for. See Submittal/Application Instructions on the [CPO website](#) for further details and the hyperlink to the Worksheet.

## 7. CERTIFICATION:

<p>By submitting this form, I certify that I have reviewed my submittal package to ensure that all the required documents are included.</p> <p><input type="checkbox"/> Check Here to Agree</p> <p>By submitting this form, I certify that the foregoing information is true and accurate and that I am an Authorized Signatory Officer, who can legally bind the Firm.</p> <p><input type="checkbox"/> Check Here to Agree</p> <p>By submitting this form, I certify that the typed name (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, (d) is under the sole control of myself, (e) is linked to data in such a manner that it is invalidated if the data are changed. (10 M.R.S.A. §9501 et seq.)</p> <p><input type="checkbox"/> Check Here to Agree</p>		
Typed Name of Submitting Authorized Officer:	Title:	Date:

This form must be filled out in its entirety. Please refer to the Submittal/Application Instructions on the [CPO website](#) for additional information.