



2019 Department-Wide RFQ Consultant Prequalification Application

PLEASE READ before completing the application ([Submittal/Application Instructions](#))

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 E-mail Address: _____
g. Firm's Web Address: _____	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 within the last two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the date of your most recent Audited Overhead Report? _____ <p style="color: red; font-weight: bold;">(Refer to the Consultant General Conditions regarding the requirements for an Audited Overhead Report)</p>	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
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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 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](#) 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: <http://maine.gov/mdot/cpo/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 <http://maine.gov/mdot/cpo/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.

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| <p>1. OUC 52000 – BRIDGE PROGRAM:
203.00 Bridge Design
804.10 Geotechnical Investigations and Engineering Services
805.00 Geophysical Services</p> <p>2. OUC 54000 – PROPERTY OFFICE:
301.10 Engineering/Topographic Surveys
301.20 Property Surveys
301.30 Hydrographic Surveys
302.00 Remote Sensing, Aerial Photography and Photogrammetric Mapping Services</p> <p>3. OUC 56000 – HIGHWAY PROGRAM:
202.10 Reconstruction/Rehabilitation Highway Design
202.20 Roundabout Design
202.40 Ancillary Highway Design
701.00 Utility Coordination
702.00 Utility Services – Vacuum Excavations
703.00 Subsurface Utility Engineering</p> <p>4. OUC 57000 – MULTIMODAL PROGRAM:
201.10 Multimodal Building Design & Architectural Services
206.10 Major Marine Facilities Design
206.20 Minor Marine Facilities Design
207.10 Major Rail Facilities Design
207.20 Minor Rail Facilities Design
207.30 Rail Bridge Design
209.10 Pedestrian/Bicycle Facilities Design
209.20 Pedestrian/Bicycle Bridge Design
210.10 Traffic Signal and Flashing Beacon Design
210.30 Intersection Geometric Improvement Design
210.40 Overhead Signing Design
210.50 Lighting Design
806.00 Landscape Architecture/Project Management/Interpretive Planning</p> <p>5. OUC 59000 – Materials Testing & Exploration:
804.00 Laboratory Materials Testing and Exploration - Non-Construction</p> | <p>6. OUC 70000 – MAINTENANCE & OPERATIONS:
102.60 Traffic Incident Management (TIM) Training and Facilitation
201.20 Maintenance Building Design & Architectural Services
210.60 Ancillary Structure Inspections
211.00 Maintenance Lot Site Development
602.30 Bridge Inspection, Non-Construction</p> <p>7. OUC 75600 – TRAFFIC ENGINEERING:
105.00 Intelligent Transportation Systems (ITS)
210.20 Traffic Data Collection, Processing & Analysis</p> <p>8. OUC 99999 – DESIGN-BUILD:
204.20 Design-Build Support Services</p> |
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This form must be filled out in its entirety. Please refer to the [Submission/Application Instructions](#) 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 for further details and the hyperlink to the Worksheet.

7. CERTIFICATION:

By submitting this form, I certify that I have reviewed my submittal package to ensure that all the required documents are included.

Check Here to Agree

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.

Check Here to Agree

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.)

Check Here to Agree

Typed Name of Submitting Authorized Officer:

Title:

Date:
