

CONSULTANTS QUALIFICATION QUESTIONNAIRE

**Mail to: San Diego State University
Facilities Planning, Design & Construction
5500 Campanile Drive
San Diego, California 92182-1624
Ph: 619-594-5224 Fax: 619-594-4500**

EXPRESS RENEWAL: If your firm was pre-qualified for 2010 or 2011 and you don't need to update any information, check here and complete items above the dotted line. Date Submitted: _____

Name of Firm _____

Address _____ Zip Code _____ E-mail _____

Phone/Fax _____ / _____ Fed Tax ID _____ Office contact _____

Profile of Business: Year Established _____

Individual Partnership Corporation Joint Venture Other (specify): _____

Average size of firm for the past three years:

_____ Total _____ Principals _____ Licensed Engineers _____ Licensed Architects
 _____ Designers / Draftsmen _____ Others _____

Business focus (general practice, institutional, commercial, etc.) _____

Services provided (check all categories in which your firm is qualified and experienced)

	Air Quality / Hazmat Monitor	Engineering, Mechanical	Master Planning
	Acoustical Design	Engineering, Seismic	Signage / Graphic Design
	Architecture, Design	Engineering, Structural	Surveying Services
	Architectural Engineering	Environmental Study / CEQA	Telecommunications Engrg.
	Architecture, Landscape	Facility / Asset evaluation	Testing, Materials
	Construction / Project Mgmt.	Feasibility / Site evaluation	Transportation Planning
	Engineering, Civil	Fire & Security Engineering	Utilities & Underground
	Engineering, Electrical	Hazardous Waste / Remediation	Value Engineering
	Engineering, Energy	Historical Bldg. Preservation	Other _____
	Engineering, Geotechnical	Inspection Services	
	Engineering, Industrial	Interior Design	

Description / cost of largest project firm has completed _____ \$ _____

Average or median construction cost of projects firm has completed \$ _____

Liability insurance? (Y)___ (N)___ (Errors and Omissions Insurance is a standard requirement of CSU).

Maximum limit of coverage. \$ _____

Legal name of firm used and the names and titles of the principal(s) required when consummating an agreement: _____

Has the firm or a principal ever been barred from doing business with the State or Federal Government? (N) (Y) If yes, date: _____ Circumstances: _____

List any awards, honors or commendations for excellence: _____

Profile of Principals:

1.

Name (Last		First	Middle Initial)		
Title	Years of Experience	As Principal in this firm	As Principal in other firms	Other than as Principal	

EDUCATION (College, degree, year, specialization)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

REGISTRATION (Type, year, state, registration number)

2.

Name (Last		First	Middle Initial)		
Title	Years of Experience	As Principal in this firm	As Principal in other firms	Other than as Principal	

EDUCATION (College, degree, year, specialization)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

REGISTRATION (Type, year, state, registration number)

3.

Name (Last First Middle Initial)

Title	Years of Experience	As Principal in this firm	As Principal in other firms	Other than as Principal
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EDUCATION (College, degree, year, specialization)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

REGISTRATION (Type, year, state, registration number)

4.

Name (Last First Middle Initial)

Title	Years of Experience	As Principal in this firm	As Principal in other firms	Other than as Principal
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EDUCATION (College, degree, year, specialization)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

REGISTRATION (Type, year, state, registration number)

5.

Name (Last First Middle Initial)

Title	Years of Experience	As Principal in this firm	As Principal in other firms	Other than as Principal
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EDUCATION (College, degree, year, specialization)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

REGISTRATION (Type, year, state, registration number)

Which principal(s) of the firm would likely provide the primary contact with SDSU? _____

Projects:

List ten projects indicative of the firm’s ability and experience, not necessarily all of a type applicable to the current application. Indicate if any are for University, College or Community College clients:

1.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date
2.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date
3.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date
4.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date
5.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date

6.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date
7.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date
8.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date
9.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date
10.	_____	_____
	Name of Project	Location
	_____	_____
	Name of Client	Address
	_____	_____
	Construction Cost	Stage of Work Date

References

Give the name of one client representative familiar with the work of your firm for each project listed above.

Name	Address	Phone No.
1. _____	_____	() _____
2 _____	_____	() _____
3 _____	_____	() _____
4 _____	_____	() _____
5 _____	_____	() _____
6 _____	_____	() _____
7 _____	_____	() _____
8 _____	_____	() _____
9 _____	_____	() _____
10 _____	_____	() _____

Supplementary Material

In addition to the questionnaire, supporting information may be submitted. SDSU may seek additional information relative to the qualifications of any engineer:

Submitted:

Signature:

Title:

Firm:

FOR STATE UNIVERSITY USE ONLY		
Location _____	Rank _____	Date Received _____
		Date Evaluated _____