

**RFQ #730-00030-A-06: OREGON DEPARTMENT OF TRANSPORTATION
 ODOT Small Contracting Program for Architectural and Engineering and Related Services
 (SCPAE) Registration Form**

SUBMIT COMPLETED REGISTRATION FORM TO:

Mail

ODOT Procurement Office
 Attn: Debbie Janke
 455 Airport Road SE, Building K
 Salem OR 97301-5348

Email: Debra.L.Janke@odot.state.or.us

Fax: (503) 986-5790

PART 1. Company Contact Information

| | | | | |
|--|-------------|-------------------------------------|----------------|-------------|
| Legal Name of Company: | | DBA (if different than Legal Name): | | |
| Street Address: | | City: | State: | Zip Code: |
| Mailing Address (if different than above): | | City: | State: | Zip Code: |
| County: | | Phone Number: | | Fax Number: |
| Contact Person: | First Name: | | Last Name: | |
| Title: | | Phone Number: | Email Address: | |

PART 2. Company's Information

1. Select the type of business you are:

| | |
|---|---|
| <input type="checkbox"/> Company is a Corporation | <input type="checkbox"/> Company is a Limited Liability Company |
| <input type="checkbox"/> Company is a Partnership | <input type="checkbox"/> Company is a Sole Proprietorship |

| |
|--|
| <p>FOR ODOT OFFICE USE ONLY</p> |
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PART 2. Company's Information (continued)

2. What is your Company's Oregon Secretary of State Corporation Division's Registration Number? _____
 (Secretary of State's web site is; www.filinginoregon.com/index.htm , phone is (503) 986-2200)

3. How many years has the company been in business under this or any other name? _____

4. How many years of experience has the company had with ODOT as a:
 Prime Consultant? _____ Sub Consultant? _____

5. Is the company currently certified by the State of Oregon as a:

| | YES | NO | IF YES, CERTIFICATION NUMBER: |
|--|--------------------------|--------------------------|-------------------------------|
| Disadvantaged Business Enterprise (DBE) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Emerging Small Business (ESB) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Minority Owned Business Enterprise (MBE) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Woman Owned Business Enterprise (WBE) | <input type="checkbox"/> | <input type="checkbox"/> | |

6. Are you a Disabled Veteran Owned Business? Yes No

Definition: "Disabled Veteran" as defined in ORS 408.225 (c) means a person entitled to disability compensation under laws administered by the United States Department of Veterans Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or a person who was awarded the Purple Heart for wounds received in combat.

A Disabled Veteran Owned Business is any business enterprise where one or more such individuals own or control, if the cumulative ownership or control by such individuals is 51% or greater. Please provide proof of service-connected disability from the United States Department of Veterans Affairs. The proof of service-connected disability may be in the form of an:

- a. Award letter;
- b. Award card; or
- c. Other evidence acceptable to the Authorized Agency from the United States Department of Veterans Affairs

7. List up to a maximum of three (3) general customer references for work the company has completed during the last five (5) years or is currently working on, either as a Prime Consultant or Sub Consultant. These contacts may be used as references.

a.

 Project Name: _____ Completion Year _____

 Work Category _____

 Contact Name _____ Title _____

 Phone No. _____ Email _____

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b.

| | |
|---------------------|-----------------------|
| Project Name: _____ | Completion Year _____ |
| Work Category _____ | |
| Contact Name _____ | Title _____ |
| Phone No. _____ | Email _____ |

c.

| | |
|---------------------|-----------------------|
| Project Name: _____ | Completion Year _____ |
| Work Category _____ | |
| Contact Name _____ | Title _____ |
| Phone No. _____ | Email _____ |

PART 3. Company's Technical Capability Information

Identify the Professional or Technical services for which the Company may propose and the number of years the Company has provided the service. List any related licenses and/or certifications, and the number of staff for each related licenses or certifications, employed by your company.

| Check <input checked="" type="checkbox"/> <u>all that apply:</u> | Services | No. of Years | License & Certification | |
|---|---|-----------------|----------------------------|---------------------|
| | | | Type of Lic and/or Cert | No. of Employees |
| <input type="checkbox"/> | Architectural Services | | | |
| <input type="checkbox"/> | Survey | | PLS | |
| <input type="checkbox"/> | GIS | | PE | |
| <input type="checkbox"/> | Landscape Architecture & Roadside Development | | Lic.# | |
| <input type="checkbox"/> | Roadway Design | | PE | |
| <input type="checkbox"/> | Pavement Design | | PE | |

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| Check <input checked="" type="checkbox"/> all that apply: | Services | No. of Years | License & Certification | |
|---|---|-----------------|----------------------------|---------------------|
| | | | Type of Lic and/or Cert | No. of Employees |
| <input type="checkbox"/> | Bridge Design Services | | PE | |
| | | | SE | |
| <input type="checkbox"/> | Bridge Inspection | | PE | |
| | | | SE | |
| <input type="checkbox"/> | Traffic Engineering and Management Services (including mobility, access, and traffic design) | | PE | |
| <input type="checkbox"/> | Transportation Related Planning | | | |
| <input type="checkbox"/> | Hydraulics Related Services | | | |
| <input type="checkbox"/> | Geologic Services | | | |
| <input type="checkbox"/> | Geotechnical Services | | | |
| <input type="checkbox"/> | Computer Aided Drafting Design Services | | N/A | |
| <input type="checkbox"/> | Right-of-Way Services | | Cert. Appraiser | |
| | | | OPMA | |
| <input type="checkbox"/> | Architectural and Engineering Project Management Services | | PMI | |
| | | | PE | |
| <input type="checkbox"/> | Public Involvement / Public Information Services | | | |
| <input type="checkbox"/> | Utility Services | | | |
| <input type="checkbox"/> | Railroad Coordination | | | |
| CONSTRUCTION: | | | | |
| <input type="checkbox"/> | Construction Scheduling Services | | | |
| <input type="checkbox"/> | Construction Engineering and Inspection | | | |
| ENVIRONMENTAL SERVICES: Please identify specialty below. | | | | |
| <input type="checkbox"/> | Air Quality | | | |
| <input type="checkbox"/> | Noise Studies | | | |
| <input type="checkbox"/> | Archaeology | | | |
| <input type="checkbox"/> | Biology | | Certified Bio | |
| <input type="checkbox"/> | CETAS Documentation | | | |
| <input type="checkbox"/> | Cultural / Historical Resources | | | |
| <input type="checkbox"/> | Erosion Control | | | |
| <input type="checkbox"/> | HAZMAT | | | |

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| Check <input checked="" type="checkbox"/> all that apply: | Services | No. of Years | License & Certification | |
|--|-------------------|-----------------|----------------------------|---------------------|
| | | | Type of Lic and/or Cert | No. of Employees |
| <input type="checkbox"/> | NEPA Coordination | | | |
| <input type="checkbox"/> | Water Resources | | | |
| <input type="checkbox"/> | Wetlands | | Wetland | |

PART 4. Registration Form Certification Statement

I hereby certify that I am a duly authorized representative of the Company and the information contained within this registration form is true and accurate to the best of my knowledge. I hereby authorize and request any person, agency, or company to furnish any pertinent information requested by the Oregon Department of Transportation deemed necessary to verify the statements made in this registration form.

Printed name of person signing below _____

Signature

Date

Title