



North Carolina Department of Transportation Location & Surveys Boundary Contracts

Private Consulting Firm Qualifications Package

NAME OF FIRM	DATE	STATE	
		YEAR ESTABLISHED	
CORPORATE ADDRESS <u>Physical Address:</u>		<u>Mailing Address:</u>	A/C & TEL. NO. ()
			FAX NO. ()
NORTH CAROLINA BRANCH OFFICE(S) <u>Physical Address:</u>		<u>Mailing Address:</u>	A/C & TEL. NO. ()
			FAX NO. ()
CONTACT PERSON			
<u>Corporate:</u>		<u>NC Branch:</u>	
A/C & TEL NO. ()	FAX NO. ()	A/C & TEL NO. ()	FAX NO. ()
e-mail address:		e-mail address:	
This application is based on the following factors: <i>(Check appropriate designation)</i>			
<u>ORGANIZATION</u>	<u>CERTIFIED DBE IN NC</u>	<u>TOTAL EMPLOYEES IN FIRM</u>	
Individual <input type="checkbox"/>	Yes <input type="checkbox"/>	___ Total Employees in Firm	
Partnership <input type="checkbox"/>	No <input type="checkbox"/>	___ Total Employees in NC Offices	
Corporation <input type="checkbox"/>	<i>(If yes, attach a copy of NCDOT certification letter)</i>	___ Total PLS's in NC Offices	
FEDERAL TAX IDENTIFICATION NUMBER _____			
IF APPLICABLE, DATE OF REGISTRATION AND REGISTRATION NUMBER WITH SECRETARY OF STATE'S OFFICE _____			
		DATE	NUMBER <i>(if applicable)</i>
FIRM REGISTERED WITH NC STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS			
Yes <input type="checkbox"/>	License Number _____		
No <input type="checkbox"/>	<i>(If yes, attach copy of latest certificate or renewal letter from Board)</i>		
I certify the information contained within this application is accurate. <i>Submission of false information is cause for denial of prequalification with the North Carolina Department of Transportation.</i>			
NAME OF FIRM OR INDIVIDUAL SUBMITTING APPLICATION		NAME AND TITLE OF PERSON SIGNING:	
_____		_____	
_____		_____	
Signature		Date	

* This form can also be found at our web site:
<http://www.doh.dot.state.nc.us/preconstruct/highway/location/pef/>
 (Click on form LOCQUAL)

APPROVAL OF PERSONNEL

The department shall have the right to approve or reject supervisory personnel assigned to a project.

The engineers, business entity, or any subcontractor which are involved in the prequalification review process, listed on the Register of Qualified Firms, or are employed to provide services for the department shall not discuss employment opportunities or engage the services of any person or persons, now in the employment of the State without written and obtained consent of the department. The written consent must be requested through the employee's branch manager.

In the event of engagement, the engineers, business entity, or their subcontractors shall restrict such person or persons from working on any of the contracted projects in which the person or persons were formerly involved in the contracting process while employed by the department. This restriction period shall be for the duration of the contracted project with which the person or persons was involved. "Involvement" shall be defined as active participation in any of the following activities:

- drafting the contract
- defining the scope of the contract
- selection of the firm for services
- negotiations of the cost of the contract (including calculating manhours or fees)
- administration of the contract

An exception to these terms may be granted when recommended by the Secretary and approved by the Board of Transportation.

Failure to comply with the terms stated above in this section shall be grounds for termination of a contract(s) and/or not being considered for selection or work on future contracts for a period of one year.

CONFLICT OF INTEREST ASSESSMENT

1. Has your firm or any principal been indicted, pled guilty, or been convicted of any offense that has resulted in your firm being debarred or suspended from performing work for any State, Local, or Federal Government during the past 5 years? Yes No If yes, attach a separate sheet(s) to this form giving the details involved.
2. Has any officer, employee, or member of your firm been indicted, pled guilty, or been convicted of any illegal restraints of trade (including collusive bidding), during the past 5 years? Yes No If yes, attach a separate sheet(s) to this form giving the details involved.
3. Has your firm or any officer, employee, or member of your firm been debarred for violation of various Public Contract Acts incorporating Labor Standards Provisions during the past 5 years? Yes No If yes, attach a separate sheet(s) to this form giving the details involved.
4. Is your firm under the protection of the bankruptcy court, has pending any petition in bankruptcy court or have you made an assignment for the benefit of creditors? Yes No
5. List the principal officers of your firm, or if not a corporation, the owners. If there are more than five (5), attach a list. Attach a brief résumé for each individual listed.

	<u>Name</u>	<u>Position</u>	<u>Years of Experience</u>	<u>Type of Work Experience</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

6. List the principal members of your firm that are involved in the managerial or policy making decisions of your firm if other than those listed above. If there are more than five (5), attach a list. Attach a brief résumé for each individual listed.

	<u>Name</u>	<u>Position</u>	<u>Years of Experience</u>	<u>Type of Work Experience</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

7. List all owners (including individuals, companies or corporations) of applicant's firm and the percent of ownership of each, and any successive parent entities. If there are more than five (5), attach a list. Include only owners who have 10% or more ownership.

	<u>Name of Individual</u>	<u>Percent of Ownership</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

8. List each of the individuals identified in "7" who has financial interest in any other private consulting firm in this or another state; name the other firm and list the percentage of ownership of each owner listed in "10". If more than five (5), attach a list.

	<u>Name of Individual or Firm</u>	<u>Name of Other Firm</u>	<u>Percent of Ownership</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

9. List any officer or member of the firm in a management or policy making position listed in "7" and "8" who also is an officer or serves in the management of any other private consulting firm in this state or any other state. List the officer or manager and the firm as well as the position in the other firm. If more than five (5), attach a list.

	<u>Name of Individual</u>	<u>Name of Firm</u>	<u>Position Held</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

10. List all affiliates of the private consulting firm including, but not limited to: (1) joint ventures, (2) subsidiaries, (3) parent company, (4) companies owned or controlled by the parent company, (5) any company or firm having some mutual owners as the applicant which does business with the applicant. If more than five (5), attach a list.

	<u>Name of Firm</u>	<u>Address</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

11. List major creditors of the private consulting firm, of its owners, and of all of its affiliates with normal banking relationships. If more than five (5), attach a list.

	<u>Name</u>	<u>Address</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

12. List major creditors (or endorsers) of the private consulting firm, of its owners, and of all of its affiliates other than normal banking relationships that may have control over the firm. If more than five (5), attach a list.

	<u>Name</u>	<u>Address</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

13. List any substantial landowners with which the private consulting firm, its owners, and its affiliates have a relationship. If more than five (5), attach a list.

	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Firm Name

By: _____

Title: _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20 _____, personally appeared before me

_____ for _____
(Official of Firm) (Firm Name)

who signed the foregoing affidavit in my presence and made oath to the truth of the statement herein contained.

Name of Notary

My commission expires _____