



Architects and Engineers Review Board Prequalification Form (ADM-016)

Date: _____

BASIC INFORMATION OF FIRM

Firm Name:	Home Address:	Telephone/Fax Numbers:	E-Mail Address:
Type of Organization:	Year Established:	M/W/DBE Certification: MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/>	
	Year Incorporated:	State:	Certified by the Massachusetts Supplier Diversity Office (SDO): Yes <input type="checkbox"/> No <input type="checkbox"/>
Names of Principals:	Name of Parent Company (If Applicable):		
	Former Name:		
Present Branch Office(s) Address & Telephone/Fax Number(s):		Person(s) in Charge:	
Primary Contact Person:	Postal Address:	Telephone Number:	E-Mail Address:
Title:			

KEY PERSONNEL OF FIRM

Architects:	Mechanical/Electrical Engineers:	Environmental Specialists:
Landscape Architects:	Geotechnical Engineers:	Planners:
Civil Engineers:	Hydraulic Engineers:	Registered Surveyors:
Structural Engineers:	Traffic Engineers:	Other Key Personnel:

NUMBER OF PERSONNEL IN FIRM

Location	Admin. Officers	Architects	Engineers					Planners	Surveyors	Technicians	CADD Operators	Others	Totals
			Civil	Structural	Traffic	Environ.	Other						
Home Office													
Other Offices													
Totals													
Number of Personnel in your Firm during the last five (5) years:								Maximum No.:	Year:	Normal No.:			

Refer to the Architects and Engineers Review Board Prequalification Categories Definitions before identifying the types of work (Profile Codes) that must be indicated (checked) below and on Pages 4 - 7.

Please indicate (check) the types of work (Profile Codes) your firm would like to be prequalified in:

Primary Categories

- A. Major Environmental Documentation
- B. Basic Roadway Design
- C. Intermediate Roadway Design
- D. Complex Roadway Design
- E. Basic Bridge Design/Rating
- F. Intermediate Bridge Design/Rating
- G. Complex Bridge Design/Rating
- G1. NBIS Bridge Inspection
- H. Moveable Bridge Design/Rating
- H1. Moveable Bridge Inspection
- I. Traffic Operations Studies and Design
- J. Geotechnical Engineering Incl. Soils and Foundation Studies
- K1. Construction Oversight
- K2. Construction Contract Assistance
- L. Hydraulics and Hydrology
- M. Materials Inspection and Testing
- N. Architecture
- O. Landscape Architecture
- P. Transportation Planning
- Q. Intelligent Transportation Systems
- R. Transit and Rail Systems Design
- U. Subsurface Utility Engineering
- V. Value Engineering

Environmental Specialty Categories

- A1. Cultural Resources
- A2. Hazardous Waste - Site Investigation and Assessment
- A3. Hazardous Waste - Remediation
- A4. Wetlands - Delineation and Assessment
- A5. Wetlands - Mitigation
- A6. Water Quality - Assessment
- A7. Water Quality - Mitigation
- A8. Air Quality
- A9. Noise Studies

Surveyor Services Categories

- S1. Engineering Field Survey
- S2. Total Station AutoCAD Base Plan Services
- S3. Layout Document Preparation
- S4. Photogrammetry



**Personal History Statements of Key Personnel
Qualified in the Requested Profile Codes**

NAME (Last, First, Middle Initial):				NAME (Last, First, Middle Initial):			
Years of Experience:	As Principal of this Firm:	As Principal of Other Firms:	Other than Principal:	Years of Experience:	As Principal of this Firm:	As Principal of Other Firms:	Other than Principal:
	In Public Sector:	Public Agencies:			In Public Sector:	Public Agencies:	
EDUCATION (College, Degree, Year, Specialization):				EDUCATION (College, Degree, Year, Specialization):			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:				MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:			
REGISTRATION (Type, Year, State):				REGISTRATION (Type, Year, State):			
NAME (Last, First, Middle Initial):				NAME (Last, First, Middle Initial):			
Years of Experience:	As Principal of this Firm:	As Principal of Other Firms:	Other than Principal:	Years of Experience:	As Principal of this Firm:	As Principal of Other Firms:	Other than Principal:
	In Public Sector:	Public Agencies:			In Public Sector:	Public Agencies:	
EDUCATION (College, Degree, Year, Specialization):				EDUCATION (College, Degree, Year, Specialization):			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:				MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:			
REGISTRATION (Type, Year, State):				REGISTRATION (Type, Year, State):			



Key Personnel - NBIS Bridge Inspection

This form must be completed for prequalification in Profile Code G1 - NBIS Bridge Inspection, or Profile Code H1 - Moveable Bridge Inspection.

Employee Name	NBIS Inspection Role: Program Manager, Team Leader, Electrical Engineer, Mechanical Engineer, Inspector, etc.	Engineering Degree and Year	Registration	Years Experience		Inspection Training (Indicated Dates Completed)							
				Total	Bridge Inspection	2-Week Safety Insp. In-Service Bridges	Bridge Inspection Refresher	Fracture Critical	Confined Space	PONTIS	Railroad Safety	Other Safety (Specify)	



Surveyor Equipment

This form must be completed for prequalification in any of the Profile Codes for Surveyor Services (S1, S2, S3, S4.)

Total Station Instruments			Electronic Data Collectors	
Make/Model	Serial Number		Make/Model	Serial Number

AutoCAD System Components
AutoCAD Civil 3D Version:
Describe:

Surveyor Owned or Leased GPS Receivers			
<i>(For informational purposes only. GPS Receivers are not required for prequalification.)</i>			
Make/Model	Serial Number	Accuracy	If Leased, from what Company?

Surveyor Owned or Leased Field Survey Vehicles						
<i>(Please note which vehicles are Leased.)</i>						
Make/Model	Year	VIN		Make/Model	Year	VIN



Present Activities For Which Your Firm Is Associated With Others

(Indicate only those Profile Codes for which your firm is responsible.)

Profile Code	Name and Location of Project	Description of Services Rendered by Your Firm	Date of NTP	Name/Address of Owner	A&E Costs		Firm Associated With
					Entire Project	Work for which Your Firm is Responsible	
Total Number of Present Projects:				Total Estimated Costs:			



Past Activities During The Last 5 Years For Which Your Firm Was Designated as Architect or Engineer of Record

(Indicate only those Profile Codes for which your firm was responsible.)

Profile Code	Name and Location of Project	Description of Services Rendered by Your Firm	Date of NTP	Date of Comp.	Name/Address of Owner	Estimated Costs	
						A&E	Construction
Total Number of Completed Projects:						Total Estimated Costs:	



Past Activities During The Last 5 Years For Which Your Firm Was Associated With Others

(Indicate only those Profile Codes for which your firm was responsible.)

Profile Code	Name and Location of Project	Description of Services Rendered by Your Firm	Date of NTP	Date of Comp.	Name/Address of Owner	A&E Costs		Firm Associated With
						Entire Project	Work for which Your Firm was Responsible	
Total Number of Completed Projects:					Total Estimated Costs:			



**Litigation History: Legal Proceedings, Convictions and Fines within the Past 5 Years, and
False Claims, Fraud or Malpractice Proceedings within the Past 10 Years**

(Use additional pages as needed.)

Caption of Case	Parties	Location of Proceeding	Description of Dispute	Begin/End Dates	Status or Outcome



Settlement Agreements and Compliance Agreements

(Use additional pages as needed.)

Description of Agreement, Including Parties to Agreement (Include Copies of Compliance Agreements.)	Current Key Employees that Participated in Agreement Matters	Status of Compliance and Description of Measures Undertaken to Respond to Agreement Issues



Terminations and Incomplete Projects During the Last 7 Years

(Use additional pages as needed.)

Project Name and Location	Description of Services	Name and Address of Project Owner	Project Start and End Dates	Estimated Contract Value	% Complete	Reason for Failure to Complete or Termination



**Certification Regarding Debarment, Suspension, Proposed Debarment,
and Other Responsibility Matters**

(a)(1) The undersigned firm certifies to the best of its knowledge and belief, that-

(i) The firm and /or any of its principals:

(A) **Are** **Are not** presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any state or federal agency;

(B) **Have** **Have not** within a ten year period preceding this date, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

(C) **Are** **Are not** presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision.

(ii) The undersigned firm **has** **has not**, within a seven year period preceding this date, had one or more contracts terminated by default by any Federal, state or local agency.

(2) "Principals", for the purposes of this certification, means officers; directors; owners; partners; and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

This certification concerns a matter within the jurisdiction of an agency of the Commonwealth of Massachusetts and the making of a false, fictitious or fraudulent certification may render the maker subject to prosecution under M.G.L. c. 266, §§ 67A and 67B; and M.G.L. c. 12, §§ 5A-5O.

(b) The undersigned shall provide immediate notice to MassDOT if, at any time prior to the award of a contract the undersigned learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(c) A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in the withholding of prequalification or a contract award. However, the certification will be considered in connection with a determination of the firm's responsibility. Failure of the undersigned to furnish a certification or provide such additional information as requested by MassDOT may render the firm, or the firm's bid, nonresponsive.

(d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of the undersigned is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance will be placed in the prequalification process and in making future contract awards. If it is later determined that the undersigned knowingly rendered an erroneous certification, in addition to other remedies available to MassDOT, MassDOT may terminate the firm's prequalification status and terminate any contracts with the firm for default.

As of this date: _____ **I certify that the above information is true, correct and complete.**

Name of Firm	Name and Title of Authorized Representative	SIGNATURE



Additional Information and Certification of Facts

(Use additional pages as needed.)

Large empty rectangular area for providing additional information and certification of facts.

As of this date: _____ I certify that the foregoing is a true statement of facts.

Name of Firm	Name and Title of Authorized Representative	SIGNATURE