


<b>CAPITAL REGION AIRPORT COMMISSION</b> Professional Services Qualification Questionnaire   <b>RICHMOND</b> INTERNATIONAL AIRPORT <small>VERSION 2006</small> <b>CRAC S-01</b>	1. Project name(s) and number(s) for which firm is applying	2. Date Submitted:																																			
		3. Specify type of ownership and check below if applicable <input type="checkbox"/> private corporation* <input type="checkbox"/> public corporation <input type="checkbox"/> proprietorship* <input type="checkbox"/> partnership*                      (* Indicate owners in section 14.)																																			
		<input type="checkbox"/> A. Small business																																			
		<input type="checkbox"/> B. Minority owned business  <input type="checkbox"/> C. Woman owned business																																			
4a. Firm (or joint venture) name and mailing address:		4d. Address of office to perform work																																			
4b. Location (city) of headquarters:		4e. Name, title and telephone number of principal to contact																																			
4c. Name of parent company (if any):		4f. Name, title and telephone number of proposed project manager																																			
5. Full time personnel (Count each only once, by primary function. If all personnel not in office to perform work, indicate personnel in office to perform work separately by " * ", e.g. 5/1*)																																					
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6a. Is submittal a joint venture? <input type="checkbox"/> yes <input type="checkbox"/> no 6b. If so, has joint venture worked together before? <input type="checkbox"/> yes <input type="checkbox"/> no 6c. If a joint venture, name of lead firm:		8. Summary of professional service fees received (insert index number):  <table border="0"> <tr> <td><u>2004</u></td> <td><u>2003</u></td> <td><u>2002</u></td> <td><u>2001</u></td> <td><u>2000</u></td> </tr> </table>				<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>																											
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7a. Architectural Specialty: 7b. Engineering Specialty: 7c. Planning Specialty: 7d. Other Specialty:		Ranges of professional services fees <table border="0"> <tr> <td colspan="2" style="text-align: center;"><u>Index</u></td> </tr> <tr> <td>1 less than \$250,000</td> <td>4 \$3,000,000 to \$6,000,00</td> </tr> <tr> <td>2 \$250,000 to \$1,000,000</td> <td>5 \$6,000,000 or greater</td> </tr> <tr> <td>3 \$1,000,000 to \$3,000,000</td> <td></td> </tr> </table>				<u>Index</u>		1 less than \$250,000	4 \$3,000,000 to \$6,000,00	2 \$250,000 to \$1,000,000	5 \$6,000,000 or greater	3 \$1,000,000 to \$3,000,000																									
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9. Do you intend to use outside subconsultants or subcontractors?     yes     no

Name and address of subconsultant or subcontractor	Specialty	Worked with prime before (yes/no)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

10. Brief resume of key persons anticipated for this project

a. Name and title	a. Name and title
b. Project assignment	b. Project assignment
c. Name of firm by which employed full time and location of office	c. Name of firm by which employed full time and location of office
d. Years experience with this firm                      With other firms	d. Years experience with this firm                      With other firms
e. Education:      Degree(s) / Years / Specialization	e. Education:      Degree(s) / Years / Specialization
f. Active registration: Year first registered/ Discipline Branch _____ VA. License No. _____	f. Active registration: Year first registered/ Discipline Branch _____ VA. License No. _____
g. Experience and qualifications relevant to the proposed project:	g. Experience and qualifications relevant to the proposed project:

11. Work by firm's personnel members to be assigned to this job which best illustrates current qualifications relevant to this project (list not more than 15 projects)

Project Name & Location and Owner's Name	Project Description	Nature of Firm's Responsibilities	Complete Date (Actual or Est.)	Estimated Fee (000's)	
				Entire Project	Firm's Work
1)					
2)					
3)					
4)					
5)					

Project Name & Location and Owner's Name	Project Description	Nature of Firm's Responsibilities	Complete. Date (Actual or Est.)	Estimated Fee (000's)	
				Entire Project	Firm's Work
6)					
7)					
8)					
9)					
10)					

Project Name & Location and Owner's Name	Project Description	Nature of Firm's Responsibilities	Complete Date (Actual or Est.)	Estimated Fee (000's)	
				Entire Project	Firm's Work
11)					
12)					
13)					
14)					
15)					

12. Please provide a list of projects currently being performed by firm's office which will perform this work

Project Name and Location	Nature of Firm's Responsibility	Indicate whether work completed as prime, subconsultant or joint venture	Percent Complete	Professional Fees (000's)	
				Total Fee	Fee Remain.

13. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project. Indicate firm owner(s) as required in section 3. Also indicate firm's computer drafting capabilities

14. The foregoing is a statement of facts.

Signature: \_\_\_\_\_ Typed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_