After completion of this form, please submit to co.profserv@dot.state.fl.us.

1. **a. TYPE OF REQUEST\* b. REGISTRATION WITH MYFLORIDAMARKETPLACE\***

|  |  |
| --- | --- |
| **(Select One)** [ ]  Initial[ ]  Renewal[ ]  Modification | Consultants seeking to do business with the Department must first register as a vendor with MyFloridaMarketPlace (MFMP), the state’s eProcurement system, and have an active registration in the [MFMP Vendor Information Portal (VIP)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvendor.myfloridamarketplace.com%2F&data=05%7C01%7CStephanie.Parry%40dot.state.fl.us%7Ce53d359684fa4a05461b08db1b31a509%7Cdb21de5dbc9c420c8f3f8f08f85b5ada%7C0%7C0%7C638133672276852305%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=kL0vwdAofbwCwmJ1NgnKmPAQuYM6WHcBWreN%2BGMaqFo%3D&reserved=0). If you are not registered or you need to update your registration, you can do so through the MFMP VIP. **[ ]** Click here to confirm the company is registered and active with MFMP VIP. |

1. **CONTACT INFORMATION\***

Items A-J are required for all firms. Firm name must match registration with the [Florida Department of State, Division of Corporations](http://www.sunbiz.org).

|  |  |  |
| --- | --- | --- |
| 1. Firm Name:

      | 1. Address (include suite number):

      | 1. City:

      |
| 1. State:

      | 1. Zip Code:

      | 1. Phone No.

      | 1. Firm’s Web Address:

      |
| 1. Prequalification Letter Recipient Full Name:

      | [ ]  Mr. [ ]  Ms. [ ]  Other:       |
| 1. Title:

      | 1. Letter Recipient’s E-mail Address:

      |
| 1. Prequalification Contact Full Name (required if different from Prequalification Letter Recipient):

      | [ ]  Mr. [ ]  Ms.[ ]  Other:       |
| 1. Title:

      | 1. Prequalification Contact’s E-mail Address:

       |

1. **COMPANY INFORMATION\***

|  |  |  |
| --- | --- | --- |
| 1. FEID Number:

      | 1. Type (select one):

 [ ]  Limited Liability Company [ ]  Corporation [ ]  General Partnership [ ]  Limited Partnership [ ]  Individual | 1. Florida Department of State Doc. No:

       Date Incorporated in Florida:       Name of Firm’s President/Managing Officer:       |

1. **FLORIDA BOARD REGISTRATION NUMBERS FOR CORPORATION, LLC OR PARTNERSHIP\***

Per [Section 14-75.0022(4)(c), F.A.C.](https://fdotwww.blob.core.windows.net/sitefinity/docs/default-source/procurement/pdf/rule-14-75.pdf?sfvrsn=bd0ba56d_8), qualifying firms must be licensed or registered as regulated by the State of Florida, as appropriate. If your firm is seeking qualification in any work group(s) indicated below, fill in the appropriate box(es) with your firm’s licensure information.

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| 1. Florida Board of Professional Engineers:

 (Required for work groups: 2, 3, 4, 5, 6, 7, 9, 10, 11, 13.7) Registry:       | 1. Florida Board of Land Surveyors & Mappers:

 (Required for work group 8) LB:       | 1. Florida Board of Architecture & Interior Design:

 (Required for work group 14)Provide individual license number associated with business:       |
| 1. Florida Board of Landscape Architecture:

 (Required for work group 15) Provide individual license number associated with business:       | 1. Florida Real Estate Commission:

 (Required for work groups: 21, 25) CQ:       | 1. Florida Division of Certified Public Accounting:

 (Required for work group 22) AD:       |

1. **AFFILIATE FIRMS\***

Review the definition of affiliate firms in [Section 337.165(1)(a), F.S](http://www.flsenate.gov/laws/statutes/2012/337.165). Based on this definition, does your firm have any affiliate firms?

 [ ]  Yes – Include a list of all affiliate firms with your submission

 [ ]  No

\* Sections marked with an asterisk are required for all firms. Please refer to the [instructions document](http://www.fdot.gov/procurement/pdf/InstructionsfortheQualificationForm.pdf) for additional information.

1. **STAFF LEVEL INFORMATION\***

|  |  |  |
| --- | --- | --- |
| 1. *Total number of professional (registered/certified) personnel permanently employed by your firm*
 | In Florida:      | Out of State:      |
| 1. *Total number of other personnel permanently employed  by your firm*

  | In Florida:      | Out of State:      |

1. **FINANCIAL INFORMATION\***

|  |
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| 1. Indicate which is provided:

[ ]  a [current overhead audit report](https://www.fdot.gov/procurement/auditinfo.shtm) performed by an independent CPA and [Contractor Cost Certification form](https://pdl.fdot.gov/api/form/downloadattachment/10980513) – required for firms  seeking to pursue projects of $500,000 or greater[ ]  none – primary option for firms seeking to pursue projects with fees at less than $500,000[ ]  a [self-certified overhead and accounting system report](https://pdl.fdot.gov/api/form/downloadAttachment/10980557) – secondary option for firms seeking to pursue projects with fees of less than $500,000 – please provide the General Ledger for the year[ ]  NA – primary option for submitting a work type modification |
| 1. A Published Fee Schedule is a listing of well-defined services for a set price that is offered to all customers. “Services” are final

products or completed processes which can be measured as deliverable units. For example, drilling per foot, is a well-defined service that is measured in a per foot unit. An hourly rate or loaded billing rate is not considered part of a Published Fee Schedule.Based on the above definition, does your firm use a published fee schedule?[ ]  Yes – Include a copy with your submission. If the firm is requesting qualification in work group 9, please ensure the document conforms to FDOT standards as outlined in the [Negotiation Handbook (Attachment L, *Standard Items and Item Descriptions for Geotechnical and Material Firms*)](http://www.fdot.gov/procurement/pdf/negot.pdf).[ ]  No. |
| 1. By submittal of this form, the consultant agrees to allow internal distribution and review by the Department of the audit information submitted with this application for purposes of qualification review, negotiation of contract fees and invoice payment.

[ ]  Check here to agree |
| 1. By submittal of this form, the consultant acknowledges that it is their responsibility to notify the Department immediately should the firm become aware of errors or false statements in the submitted overhead audit(s). Making or submitting false or fraudulent statements may result in the denial, suspension, or revocation of qualification.

[ ]  Check here to agree |

**8. PROFESSIONAL LIABILITY INSURANCE\***

|  |
| --- |
| c. Indicate which is provided as proof of professional liability insurance:[ ]  a copy of a current certificate of professional liability insurance showing policy number, company, amount, and expiration date[ ]  an unequivocal commitment letter from an insurance company stating that professional liability insurance would be provided to  the applicant – uncommon |

\* Sections marked with an asterisk are required for all firms. Please refer to the [instructions document](http://www.fdot.gov/procurement/pdf/InstructionsfortheQualificationForm.pdf) for additional information.

**9. TYPES OF WORK REQUESTED\***

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| *Select types below for which qualification is requested. Please select only those for which your firm meets the criteria described in* [*Rule 14-75, F.A.C.*](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffdotwww.blob.core.windows.net%2Fsitefinity%2Fdocs%2Fdefault-source%2Fprocurement%2Fpdf%2Frule-14-75.pdf%3Fsfvrsn%3Dbd0ba56d_8&data=05%7C02%7CStephanie.Parry%40dot.state.fl.us%7C4d246623456d45a5368e08dc28103057%7Cdb21de5dbc9c420c8f3f8f08f85b5ada%7C0%7C0%7C638429297204329766%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=%2B7XICOo3WBoNeC0XHpQraFXSBkKlXPRRSF7AVQJpoRc%3D&reserved=0)*If none of these work types apply to your firm, please contact the Professional Services Prequalification Administrator at* *co.profserv@dot.state.fl.us**.* |
| **Work Group 2. Project Development & Environmental (PD&E) Studies:****[ ]** 2.0 Project Development Environmental Studies**Work Group 3. Highway Design Roadway:****[ ]** 3.1 Minor Highway Design**[ ]** 3.2 Major Highway Design**[ ]** 3.3 Controlled Access Highway Design**Work Group 4. Highway Design - Bridges:****[ ]** 4.1.1 Miscellaneous Structures**[ ]** 4.1.2 Minor Bridge Design**[ ]** 4.2.1 Major Bridge Design - Concrete**[ ]** 4.2.2 Major Bridge Design - Steel**[ ]** 4.2.3 Major Bridge Design - Segmental**[ ]** 4.3.1 Complex Bridge Design - Concrete**[ ]** 4.3.2 Complex Bridge Design - Steel**[ ]** 4.4 Movable Span Bridge Design**Work Group 5. Bridge Inspection:****[ ]** 5.1 Conventional Bridge Inspection**[ ]** 5.2 Movable Bridge Inspection**[ ]** 5.3 Complex Bridge Inspection**[ ]** 5.4 Bridge Load Rating**Work Group 6. Traffic Engineering & Operations Studies:****[ ]** 6.1 Traffic Engineering Studies**[ ]** 6.2 Traffic Signal Timing**[ ]** 6.3.1 Intelligent Trans Sys Analysis and Design**[ ]** 6.3.2 Intelligent Transportation Systems Implementation**[ ]** 6.3.3 Intelligent Trans Traffic Engineering Sys Communications**[ ]** 6.3.4 Intelligent Trans Sys Software Development**Work Group 7. Traffic Operations Design:****[ ]** 7.1 Signing, Pavement Marking and Channelization**[ ]** 7.2 Lighting**[ ]** 7.3 Signalization**Work Group 8. Surveying & Mapping:****[ ]** 8.1 Control Surveying**[ ]** 8.2 Design, Right of Way Construction Surveying**[ ]** 8.3 Photogrammetric Mapping**[ ]** 8.4 Right of Way Mapping | **Work Group 9. Soil Exploration, Material Testing and****Foundations:****[ ]** 9.1 Soil Exploration**[ ]** 9.2 Geotechnical Classification Lab Testing**[ ]** 9.3 Highway Materials Testing**[ ]** 9.4.1 Standard Foundation Studies**[ ]** 9.4.2 Non-Redundant Drilled Shaft Bridge Foundation Studies**[ ]** 9.5 Geotechnical Specialty Lab Testing**Work Group 10. Construction Engineering Inspection:****[ ]** 10.1 Roadway Construction Engineering Inspection**[ ]** 10.3 Construction Materials Inspection**[ ]** 10.4 Minor Bridge & Miscellaneous Structures CEI**[ ]** 10.5.1 Major Bridge CEI - Concrete**[ ]** 10.5.2 Major Bridge CEI - Steel**[ ]** 10.5.3 Major Bridge CEI - Segmental**[ ]** 10.6.1 Complex Bridge CEI - Concrete**[ ]** 10.6.2 Complex Bridge CEI - Steel**[ ]** 10.7 Movable Span Bridge CEI**Work Group 11. Engineering Contract Adm. & Mgmt.:****[ ]** 11.0 Engineering Contract Administration and Management (requires qualification in work types 3.1, 3.2, 3.3, 4.1.1, 4.1.2, 4.2.1, 4.2.2, 6.1, 7.1, 7.2, 7.3 and 10.1)**Work Group 13. Planning:****[ ]** 13.3 Policy Planning**[ ]** 13.4 Systems Planning**[ ]** 13.5 Subarea/Corridor Planning**[ ]** 13.6 Land Planning/Engineering**[ ]** 13.7 Transportation Statistics**Work Group 14. Architect:****[ ]** 14.0 Architect**Work Group 15. Landscape Architect:****[ ]** 15.0 Landscape Architect**Work Group 21. Right of Way Acquisition & Management:****[ ]** 21.0 Acquisition, Negotiation, Closing and Order of Taking**[ ]** 22.0 Acquisition Business Damage Estimating and Estimate Review**[ ]** 24.0 Acquisition Relocation Assistance**[ ]** 25.0 Right of Way Clearing and Leasing |

\* Sections marked with an asterisk are required for all firms. Please refer to the [instructions document](http://www.fdot.gov/procurement/pdf/InstructionsfortheQualificationForm.pdf) for additional information.

**10.** **LIST OF QUALIFYING PERSONNEL\***

Additional pages are provided at the end of this form for entering Qualifying Personnel if needed.

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| For each of the Department's standard work types for which prequalification is requested, list all personnel meeting the Department's published requirements. Please group all prequalifying personnel for each work type together. Personnel used for qualification in multiple work types must be listed in each such work type. A [sample list](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffdotwww.blob.core.windows.net%2Fsitefinity%2Fdocs%2Fdefault-source%2Fprocurement%2Fpdf%2Fsection10sample.pdf%3Fsfvrsn%3D7aedad09_2&data=02%7C01%7CStephanie.Kutchinski%40dot.state.fl.us%7C0381ef71994345e4bdb008d6a25e8b0e%7Cdb21de5dbc9c420c8f3f8f08f85b5ada%7C0%7C0%7C636874924272345322&sdata=sNAj5Q76S3SkaMukQ7Uznm%2Fb2Hk%2F1YRfE0hbR4WR%2BCg%3D&reserved=0) has been provided for reference. Any qualifying personnel that are not bona fide employees of the firm must submit a signed letter with the application package stating that they are under exclusive contract to the firm, are not otherwise employed, and are not being used as qualifying staff for any other firm. |
| 1. Status

(see codes below) | 1. Work Type Code

(see list from Section 9) | 1. Full Name (must match name on resume)
 | d. Specialty Area (see codes below) | e. Florida Board or AICP Registration/License Number |
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|  Duplicate pages of this section are available at the back of this packet to allow entry of additional qualifying personnel. |
| **STATUS**: N-New, PS-Previously Submitted, X-Remove **SPECIALTY AREA CODES**: AI – Asbestos Inspector, AICP - AICP Planner, AMP – Asbestos Management Planner, AR - Architect, CPA - Certified Public Accountant, LAR - Landscape Architect, PE - Engineer, PLAN - Non-Certified Planner, PSM - Surveyor & Mapper, REB - Real Estate Broker, RES - Real Estate Salesman, SC - Scientist, TECH - Technician |

\* Sections marked with an asterisk are required for all firms. Please refer to the [instructions document](http://www.fdot.gov/procurement/pdf/InstructionsfortheQualificationForm.pdf) for additional information.

**11.** **EMPLOYMENT OF QUALIFYING PERSONNEL\***

|  |
| --- |
| 1. Firms qualifying for the first time or renewing more than a year after previously expiring:

[ ]  Submit current paystubs or payroll registers for all qualifying personnel. These must include the full name of the firm, the individual’s name, and the beginning and ending dates of the pay period. Due to Florida’s broad public records law ([Florida Statute 119](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.leg.state.fl.us%2FStatutes%2Findex.cfm%3FApp_mode%3DDisplay_Statute%26URL%3D0100-0199%2F0119%2F0119.html&data=02%7C01%7CKelly.Walls%40dot.state.fl.us%7C313ac6f29f8641981ac008d85b50b0af%7Cdb21de5dbc9c420c8f3f8f08f85b5ada%7C0%7C0%7C637359749404895393&sdata=jFyCirafTe%2FjAAeDVmuHRrhpz7hj7Yj0IBS2lt5Aq5M%3D&reserved=0)), it is recommended that the firm redact any confidential information and pay details. |
| 1. Firms submitting an annual renewal or modification:

[ ]  Include a signed copy of the [Qualifying Staff Employment Certification](https://pdl.fdot.gov/api/form/downloadAttachment/10980575) form #375-030-84. |
| 1. By submittal of this form, I certify that all personnel included in this qualification package are employees of this firm, or under exclusive contract to this firm and not otherwise employed; are actively engaged in the type of work for which they are listed; and that it is this firm’s responsibility to notify the Department within 10 days of the departure from the firm of any personnel used to qualify the firm in any type of work.
 | [ ]  Check Here to  Agree |

**12. SURVEY AND MAPPING EQUIPMENT** (To be completed by applicants for Work Group 8 only.)

|  |  |
| --- | --- |
| By submittal of this form, the consultant agrees to comply with all requirements regarding surveying equipment use, including hardware or software, which meets the accuracy, formatting, and other requirements, contained in Department policies, procedures, manuals and handbooks on Department projects. | [ ]  Check Here to  Agree |

**13. GEOTECH EQUIPMENT** (To be completed by applicants for Group 9 Work Types only. List in-house equipment only.)

Submit a list of in-house equipment. Sub-contracted equipment list may be provided for Work Type 9.1 only.

|  |  |
| --- | --- |
| By submittal of this form, the consultant attests to the accuracy of the equipment list(s) submitted with this application for Work Group 9, and further acknowledges that any falsification of information contained on the equipment list(s) may result in denial, suspension, or revocation of qualification. | [ ]  Check Here to  Agree |

1. **CERTIFICATION**\*

|  |
| --- |
| By submittal of this form, I certify that the information contained in this package is true and correct to the best of my knowledge and that this firm is duly authorized to conduct business in the State of Florida; that neither the firm, nor any officer, director, or employee of the firm or any of its affiliates (as defined in s. 337.165(1)(a), F.S.), have been criminally or civilly charged with antitrust criminal act under state or federal law which involved fraud, bribery, collusion, conspiracy, antitrust violations, material misrepresentation with respect to a public contract, or any other contract related crimes pursuant to s. 337.165, F.S., except for matters previously disclosed to the Department and with the Clerk of Agency Proceedings; that they have neither been barred nor suspended from consideration for work with any other governmental entity; and that the employment practices of this organization fully comply with the Title VI provisions of the 1964 Civil Right Act.[ ]  Check Here to AgreeBy submittal of this form, I further acknowledge that it is the responsibility of this firm to submit a revised application in the event of a change in status; including a change in ownership, a change in the form of the business entity under which this firm operates, a change in any of the staff used to qualify this firm to perform any type of work, or any other change which affects an element the Department considers under Rule 14-75.0002, F.A.C. [ ]  Check Here to Agree |
| 1. Typed Name of Submitting Principal:

      | 1. Title:

      | 1. Date:

      |
| 1. Signature of Submitting Principal:
 |

After completion of this form, please submit to co.profserv@dot.state.fl.us.

\* Sections marked with an asterisk are required for all firms. Please refer to the [instructions document](http://www.fdot.gov/procurement/pdf/InstructionsfortheQualificationForm.pdf) for additional information.

1. **LIST OF QUALIFYING PERSONNEL cont.**

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| For each of the Department's standard work types for which prequalification is requested, list all personnel meeting the Department's published requirements. Please group all prequalifying personnel for each work type together. Personnel used for qualification in multiple work types must be listed in each such work type. A [sample list](https://fdotwww.blob.core.windows.net/sitefinity/docs/default-source/procurement/pdf/section10sample.pdf?sfvrsn=7aedad09_2) has been provided for reference. Any qualifying personnel that are not bona fide employees of the firm must submit a signed letter with the application package stating that they are under exclusive contract to the firm, are not otherwise employed, and are not being used as qualifying staff for any other firm. |
| * 1. Status

(see codes below) | b. Work Type Code(See list from Section 9) | c. Full Name | d. Specialty Area (see codes below) | e. Florida Board (or AICP) Registration Number |
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| Duplicate pages of this section are available at the back of this packet to allow entry of additional qualifying personnel. |
| **STATUS**: N-New, PS-Previously Submitted, X-Remove **SPECIALTY AREA CODES**: AI – Asbestos Inspector, AICP - AICP Planner, AMP – Asbestos Management Planner, AR - Architect, CPA - Certified Public Accountant, LAR - Landscape Architect, PE - Engineer, PLAN - Non-Certified Planner, PSM - Surveyor & Mapper, REB - Real Estate Broker, RES - Real Estate Salesman, SC - Scientist, TECH - Technician |

\* Sections marked with an asterisk are required for all firms. Please refer to the [instructions document](http://www.fdot.gov/procurement/pdf/InstructionsfortheQualificationForm.pdf) for additional information.

1. **LIST OF QUALIFYING PERSONNEL cont.**

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| For each of the Department's standard work types for which prequalification is requested, list all personnel meeting the Department's published requirements. Please group all prequalifying personnel for each work type together. Personnel used for qualification in multiple work types must be listed in each such work type. A [sample list](https://fdotwww.blob.core.windows.net/sitefinity/docs/default-source/procurement/pdf/section10sample.pdf?sfvrsn=7aedad09_2) has been provided for reference. Any qualifying personnel that are not bona fide employees of the firm must submit a signed letter with the application package stating that they are under exclusive contract to the firm, are not otherwise employed, and are not being used as qualifying staff for any other firm. |
| 1. Status

(see codes below) | b. Work Type Code(See list from Section 9) | c. Full Name | d. Specialty Area (see codes below) | e. Florida Board (or AICP) Registration Number |
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1. **LIST OF QUALIFYING PERSONNEL cont.**

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