OUTSIDE ASSOCIATES AND CONSULTANTS USUALLY EMPLOYED

DISCIPLINE	NAME OF FIRM OR INDIVIDUAL	DISCIPLINE	NAME OF FIRM OR INDIVIDUAL

CLASS OF WORK AND PROJECT TYPE SPECIALIZATION

TYPE OF PROJECT	TOTAL NO. OF COMPLETED PROJECTS	TOTAL ESTIMATED CONSTRUCTION COST	TOTAL ESTIMATED PROJECT SIZE (G.S.F.)

Categorize your firm's class for work during the last ten years by project type. Examples of project types include Educational, Commercial, Industrial, Residential, Health Care, Correctional and Judicial Facilities. Work may also be categorized as planning, civil sitework, renovation/alteration, architectural barrier removal, fire alarm system, etc.

PRESENT/COMPLETED PROJECTS IN WHICH YOUR FIRM IS/WAS DESIGNATED THE PRIME CONSULTANT (BY TYPE)

(LIST A MAXIMUM OF 10 PROJECTS FOR EACH DISCIPLINE/TYPE OF WORK BEING APPLIED FOR. LIST PROJECTS THAT REFLECT YOUR ABILITY TO PROVIDE QUALITY WORK FOR YOUR REQUESTED PROJECTS.)

WORK FOR YOUR REQUESTED PROJECTS.) TYPE:							
YEAR	NAME AND LOCATION OF THE PROJECT	NAME OF LEAD DESIGNER & E-MAIL ADRESS	NAME, ADDRESS, PHONE & FAX NO.	ESTIMATED CONST. COST (\$)	DURATION FOR DESIGN (MONTHS)	% COMPLETED	
			OF THE OWNER			DESIGN	CONST.

PRESENT/COMPLETED PROJECTS THAT YOUR FIRM IS/WAS ASSOCIATED WITH OTHERS (BY TYPE)

(LIST A MAXIMUM OF 10 PROJECTS FOR EACH DISCIPLINE/TYPE OF WORK BEING APPLIED FOR. LIST PROJECTS THAT REFLECT YOUR ABILITY TO PROVIDE QUALITY WORK FOR YOUR REQUESTED PROJECTS.)

TYPE:								
YEAR	NAME AND LOCATION OF THE PROJECT	NAME, ADDRESS, PHONE & FAX NO. OF THE OWNER	ESTIMATED CONSTRUCTION COST		DURATION FOR	PRIME FIRM ASSOCIATED	% COMPLETED	
			ENTIRE PROJECT	YOUR FIRM'S WORK	DESIGN (MONTHS)	WITH	DESIGN	CONST.

Explain firm's individual project assignment, project management structure, project execution (work flow and responsibilities) and quality control process. In the event the spaces provided on this form are not sufficient for entries, or if you wish to furnish additional information, it may be inserted here or on separate sheets, with appropriate references.					
As of this date the foregoing is a true statement of facts.					
NAME OF FIRM OR INDIVIDUAL SUBMITTING QUESTIONNAIRE	TYPE NAME AND TITLE OF PERSON SIGNING	SIGNATURE			

NOTE: It is to a firm's advantage to maintain its experience record on a current basis. This may be accomplished by periodically forwarding current data to DAGS.