

# North Carolina Turnpike Authority

## Private Consulting Firm Qualifications Package

NAME OF FIRM	DATE	STATE	YEAR ESTABLISHED
CORPORATE ADDRESS		A/C & TEL. NO.	
<u>Physical Address:</u>	<u>Mailing Address:</u>	( )	
		FAX NO.	
		( )	
NORTH CAROLINA BRANCH OFFICE(S)		A/C & TEL. NO.	
<u>Physical Address:</u>	<u>Mailing Address:</u>	( )	
		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: *(Check appropriate designation)*

ORGANIZATION	TYPE OF APPLICATION	CERTIFIED DBE IN NC	TOTAL EMPLOYEES IN FIRM
Individual <input type="checkbox"/>	New <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ Total Employees in Firm
Partnership <input type="checkbox"/>	Updated <input type="checkbox"/>	No <input type="checkbox"/>	_____ Total Employees in NC Offices
Corporation <input type="checkbox"/>	Reinstatement <input type="checkbox"/>	<i>(If yes, attach a copy of NCDOT certification letter)</i>	_____ Total PE's in NC Offices
FEDERAL TAX IDENTIFICATION NUMBER _____			_____ Total LG's in NC Offices
DATE OF REGISTRATION AND REGISTRATION NUMBER WITH SECRETARY OF STATE'S OFFICE _____			_____ Total PLS's in NC Offices
			DATE NUMBER <i>(if applicable)</i>

FIRM REGISTERED WITH NC STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

Yes  License Number \_\_\_\_\_  
 No  *(If yes, attach copy of latest certificate or renewal letter from Board)*

FIRM REGISTERED WITH NORTH CAROLINA BOARD FOR LICENSING OF GEOLOGISTS

Yes  License Number \_\_\_\_\_  
 No  *(If yes, attach copy of latest certificate or renewal card from Board)*

I certify the information contained within this application is accurate. *Submission of false information is cause for denial of prequalification with the North Carolina Department of Transportation.*

NAME OF FIRM OR INDIVIDUAL SUBMITTING APPLICATION \_\_\_\_\_ NAME AND TITLE OF PERSON SIGNING: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 Signature Date

\*This form can be found at the NCTA website: [www.ncturpike.org](http://www.ncturpike.org); click on Business Opportunities – Consultant Qualification Forms.

**CORPORATE HEADQUARTERS**

**Utility Coordination Unit**

NUMBER OF PERSONNEL BY DISCIPLINE: *(If individual has more than one discipline, list primary only.)*

<input type="checkbox"/> Administrative	<input type="checkbox"/> Water Resources	<input type="checkbox"/> Right of Way Agents
<input type="checkbox"/> Civil Engineers	<input type="checkbox"/> Construction Engineers	<input type="checkbox"/> Safety & Health
<input type="checkbox"/> Draftsmen/CADD	<input type="checkbox"/> Construction Inspectors	<input type="checkbox"/> Utility Cost Estimator
<input type="checkbox"/> Utility Coordinators	<input type="checkbox"/> Environmental Engineers	
<input type="checkbox"/> SUE Technicians	<input type="checkbox"/> Hydraulics Engineers	

**NC OFFICE/S (Attach organizational chart for the NC office/s w/employees & areas of expertise noted.)**

NUMBER OF PERSONNEL BY DISCIPLINE: *(If individual has more than one discipline, list primary only.)*

<input type="checkbox"/> Administrative	<input type="checkbox"/> Water Resources	<input type="checkbox"/> Right of Way Agents
<input type="checkbox"/> Civil Engineers	<input type="checkbox"/> Construction Engineers	<input type="checkbox"/> Safety & Health
<input type="checkbox"/> Draftsmen/CADD	<input type="checkbox"/> Construction Inspectors	<input type="checkbox"/> Utility Cost Estimator
<input type="checkbox"/> Utility Coordinators	<input type="checkbox"/> Environmental Engineers	
<input type="checkbox"/> SUE Technicians	<input type="checkbox"/> Hydraulics Engineers	

INDICATE TYPE OF PROJECTS FOR WHICH YOUR FIRM REQUESTS PREQUALIFICATION:

**If new firm, or existing firm adding new area of expertise, send a sample of work for each new area marked.**

**Utility Engineering**

Public Water Distribution Systems  
 Public Water Transmission Systems  
 Sanitary Sewer Collection Systems  
 Sanitary Sewer Outfall Systems

**Utility Construction Engineering and Inspection**

Public Water Distribution Systems  
 Public Water Transmission Systems  
 Sanitary Sewer Collection Systems  
 Sanitary Sewer Outfall Systems

**Utility Coordination**

**Utility Coordinators** (A minimum of five (5) years of experience performing utility coordination in accordance with either NCDOT or other State DOT standards, policies, and procedures. The Utility Consultant shall provide documentation detailing number of coordinators, education, years of Utility Coordination experience (minimum five (5) years) and responsibility of key staff.)

**Utility Coordination Projects** (Submittal should include a general description of the process used for utility coordination; provide samples of key documentation and references for five (5) major utility coordination projects.)

Contact Person: J. Robert Memory (919) 733-7932 x 373  
 rmemory@dot.state.nc.us  
 1555 Mail Service Center  
 1 South Wilmington St.  
 Raleigh, NC 27699-1555

Shannon Sweitzer, PE, (919) 510-4372  
 Shannon.sweitzer@ncturnpike.org  
 1578 Mail Service Center  
 5400 Glenwood Avenue, Suite 400  
 Raleigh, North Carolina 27699-1578

**RÉSUMÉ**  
*(Key staffing plan)*

Name & Title:  
Work Address:

Years experience: With This Firm \_\_\_\_ With Other Firms \_\_\_\_

Education: Degree(s)/Year/Specialization

Active Registration: Year First Registered/Discipline

Other Experience and Qualifications:

**RÉSUMÉ**  
*(Key staffing plan)*

Name & Title:  
Work Address:

Years experience: With This Firm \_\_\_\_ With Other Firms \_\_\_\_

Education: Degree(s)/Year/Specialization

Active Registration: Year First Registered/Discipline

Other Experience and Qualifications:

*Duplicate if necessary*

**UTILITY COORDINATION ACTIVITIES FOR WHICH YOUR FIRM HAS PERFORMED**

List samples of work (prime & sub) your FIRM HAS PERFORMED (i.e., DOT, municipal, private, etc.)

PROJECT AND TYPE OF WORK	LOCATION	NAME AND ADDRESS OF OWNER	FEE	DATE COMPLETED
TOTAL NUMBER OF PRESENT PROJECTS:		TOTAL FEE: <i>necessary</i>		<i>Duplicate if</i>

**UTILITY CONSTRUCTION ENGINEERING & INSPECTION FOR WHICH YOUR FIRM HAS PERFORMED**

List all work (prime & sub) your firm has performed (i.e., DOT, municipal, private, etc.)

PROJECT AND TYPE OF WORK	LOCATION	NAME AND ADDRESS OF OWNER	FEE	COMPLETION DATE OF SERVICES
TOTAL NUMBER OF PROJECTS:		TOTAL FEE: <i>necessary</i>		<i>Duplicate if</i>

# FINANCIAL STATEMENT

(For New and Reinstated Firms Only-Not Necessary for Updates)

Balance Sheet as of \_\_\_\_\_, 20 \_\_\_\_\_  
Date

\_\_\_\_\_  
Firm Name

A Corporation  
 A Partnership  
 Individual/Other

\_\_\_\_\_  
State in Which Incorporated

TOTAL CURRENT ASSETS \_\_\_\_\_  
(Including cash, bid deposits,  
notes, receivable stocks,  
bonds, inventories, interest  
receivable, life insurance)

TOTAL CURRENT LIABILITIES \_\_\_\_\_  
(Judgments, accounts/notes payable  
owed to subcontractors, accrued taxes,  
accrued salaries and payrolls, accrued  
interest payable)

TOTAL FIXED ASSETS \_\_\_\_\_  
(Net book value of plant,  
equipment and real estate)

TOTAL FIXED AND OTHER LIABILITIES \_\_\_\_\_  
(Including mortgage on plant  
equipment and real estate and other  
liabilities)

TOTAL OTHER ASSETS \_\_\_\_\_  
(Non-business real estate,  
land, building improvements,  
miscellaneous)

NET WORTH \_\_\_\_\_  
(Including individual or partnership  
capital stock, surplus)

=====

TOTAL ASSETS

=====

TOTAL LIABILITIES AND  
NET WORTH

\*The Utility Consultant will  
provide proof of professional  
liability insurance with minimum  
limits of one million dollars  
(\$1,000,000) per occurrence

## **APPROVAL OF PERSONNEL**

The North Carolina Turnpike Authority and/or North Carolina Department of Transportation 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 Authority and/or 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 Authority and/or 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 Authority and/or 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 Executive Director of the NCTA and/or Secretary of Transportation and approved by the NCTA Board of Directors and/or 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.	_____	_____	_____

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\_\_\_\_\_  
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 \_\_\_\_\_