

**FORM A**  
**TRANSMITTAL LETTER**

PROPOSER: \_\_\_\_\_

QS Date: [Insert Date]

Texas Department of Transportation  
7600 Chevy Chase Drive, Building 2, Suite 400,  
Austin, TX 78752

Attn: Mr. Frank Holzmann, P.E.

The undersigned ("Proposer") submits this qualification submittal (this "QS") in response to that certain Request for Qualifications dated as of April 4, 2014 (as amended, the "RFQ"), issued by the Texas Department of Transportation ("TxDOT") to develop, design and construct, and maintain the US 181 Harbor Bridge Replacement Project (the "Project") through a Comprehensive Development Agreement ("CDA"). Initially capitalized terms not otherwise defined herein shall have the meanings set forth in the RFQ.

Enclosed, and by this reference incorporated herein and made a part of this QS, are the following:

- Volume 1: General Information;
- Volume 2: Technical Information; and
- Volume 3: Financial Information

Proposer acknowledges receipt, understanding and full consideration of all materials posted on TxDOT's Project Website <http://www.txdot.gov/business/partnerships/current-cda/harbor-bridge/harbor-bridge-rfq.html> and the following addenda and sets of questions and answers to the RFQ:

[Proposer to list any addenda to this RFQ and sets of questions and answers by dates and numbers prior to executing Form A]

Proposer represents and warrants that it has read the RFQ and agrees to abide by the contents and terms of the RFQ and the QS.

Proposer understands that TxDOT is not bound to shortlist any Proposer and may reject each QS TxDOT may receive.

Proposer further understands that all costs and expenses incurred by it in preparing this QS and participating in the Project procurement process will be borne solely by the Proposer, except, to the extent of any payment made by TxDOT for work product, as described in Part A, Section 3.2 of the RFQ.

Proposer agrees that TxDOT will not be responsible for any errors, omissions, inaccuracies or incomplete statements in this QS.

This QS shall be governed by and construed in all respects according to the laws of the State of Texas.

Proposer's business address:

<hr/>		
(No.)	(Street)	(Floor or Suite)
<hr/>		
(City)	(State or Province)	(ZIP or Postal Code)(Country)

State or Country of Incorporation/Formation/Organization: \_\_\_\_\_

*[insert appropriate signature block from following pages]*

1. Sample signature block for corporation or limited liability company:

*[Insert Proposer's name]*

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

2. Sample signature block for partnership or joint venture:

*[Insert Proposer's name]*

By: *[Insert general partner's or member's name]*

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

*[Add signatures of additional general partners or members as appropriate]*

3. Sample signature block for attorney in fact:

*[Insert Proposer's name]*

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Attorney in Fact

**FORM B-1**

**INFORMATION REGARDING  
PROPOSER, EQUITY MEMBERS, MAJOR NON-EQUITY MEMBERS AND  
GUARANTORS**

**(for Public Release)**

Name of Proposer: \_\_\_\_\_

Entity (check one box for entity completing Form B as applicable):

Proposer;  Equity Member;  Major Non-Equity Member; or  Guarantor

Name of Entity Completing Form B:  
\_\_\_\_\_

Year Established: \_\_\_\_\_ State of Organization: \_\_\_\_\_

Federal Tax ID No. (if applicable): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

North American Industry Classification Code: \_\_\_\_\_

Name of Official Representative Executing Form B: \_\_\_\_\_

Individual's Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Business Organization (check one):

- Corporation
- Partnership
- Joint Venture
- Limited Liability Company
- Other (describe)

A. Business Address: \_\_\_\_\_  
Headquarters: \_\_\_\_\_  
Office Performing Work: \_\_\_\_\_

B. Indicate the role of the entity in the space below.  
\_\_\_\_\_  
\_\_\_\_\_

- C. If the entity completing this Form B-1 is a joint venture or newly formed entity (formed within the past two years), complete a separate Form B-1 and Form C for each member or partner of the entity and attach it to the QS. In addition, identify the name of such members or partners in the space below.

Name

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Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm's Official Representative:

By: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

*[Please make additional copies of this form as needed.]*

**FORM B-2**

**SUMMARY INFORMATION REGARDING PROPOSER**

**Name of Proposer:**

**List of all Equity Members:**

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**List of all Major Non-Equity Members:**

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**List of all other team members (including any guarantors):**

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**FORM C**  
**CERTIFICATION**

**Proposer:** \_\_\_\_\_

**Name of Firm:** \_\_\_\_\_

Entity (check one box for entity completing Form B-1 as applicable):

- Proposer;  Equity Member;  Major Non-Equity Member; or  
 Guarantor

1. Has the firm or any affiliate\* or any **current** officer thereof, been indicted or convicted of bid (i.e., fraud, bribery, collusion, conspiracy, antitrust, etc.) or other contract related crimes or violations or any other felony or serious misdemeanor within the past five years?

Yes  No

If yes, please explain:

2. In the last 10 years, has the firm or any affiliate\* ever sought protection under any provision of any bankruptcy act?

Yes  No

If yes, please explain:

3. Has the firm or any affiliate\* ever been disqualified, removed, debarred or suspended from performing work for the federal government, any state or local government, or any foreign governmental entity within the last ten years?

Yes  No

If yes, please explain:

4. Has the firm or any affiliate\* ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or other material misrepresentation to a public entity within the past ten years?

Yes  No

If yes, as to each such inquiry, state the name of the public agency, the date of the inquiry, the grounds on which the public agency based the inquiry, and the result of the inquiry.

5. In the last 10 years, has any construction project performed or managed by the firm or, to the knowledge of the undersigned, any affiliate\* involved repeated or multiple failures to comply with safety rules, regulations, or requirements?

Yes  No

If yes, please identify the team members and the projects, provide an explanation of the circumstances, and provide owner contact information including telephone numbers.

6. In the last 10 years, has the firm or any affiliate\* been found, adjudicated or determined by any federal or state court or agency (including, but not limited to, the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance Programs and any applicable Texas governmental agency) to have violated any laws or Executive Orders relating to employment discrimination or affirmative action, including but not limited to Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. Sections 2000 *et seq.*); the Equal Pay Act (29 U.S.C. Section 206(d)); and any applicable or similar Texas law?

Yes  No

If yes, please explain:

7. In the last 10 years, has the firm or any affiliate\* been found, adjudicated, or determined by any state court, state administrative agency, including, but not limited to, the Texas Department of Labor (or its equivalent), federal court or federal agency, to have violated or failed to comply with any law or regulation of the United States or any state governing prevailing wages (including but not



limited to payment for health and welfare, pension, vacation, travel time, subsistence, apprenticeship or other training, or other fringe benefits) or overtime compensation?

Yes  No

If yes, please explain:

8. With respect to each of Questions 1-7 above, if not previously answered or included in a prior response on this form, is any proceeding, claim, matter, suit, indictment, etc. currently pending against the firm that could result in the firm being found liable, guilty or in violation of the matters referenced in Questions 1-7 above and/or subject to debarment, suspension, removal or disqualification by the federal government, any state or local government, or any foreign governmental entity?

Yes  No

If yes, please explain and provide the information requested as to such similar items set forth in Questions 1-7 above.

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\* The term "Affiliates" includes parent companies, subsidiary companies, joint venture members and partners in which the entity has more than a 15% financial interest.

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm's Official Representative:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM D-1 - TECHNICAL EXPERIENCE – DESIGN**

**EXPERIENCE OF THE LEAD ENGINEERING FIRM IN THE DESIGN AND ENGINEERING OF REFERENCE PROJECTS**

<b>COMPANY NAME (1)</b>	<b>PROJECT NAME AND LOCATION (2), (3)</b>	<b>PROJECT COST (4) &amp; (5)</b>	<b>START/END DATES</b>	<b>% OF WORK COMPLETED BY MAY 27, 2014</b>	<b>LEVEL OF COMPANY'S PARTICIPATION (6) &amp; (8)</b>	<b>ROLE OF COMPANY FOR THE PROJECT (7)</b>

**Notes:**

- (1) A maximum of three projects may be included. In the case of an experience provided by a company related to the Lead Engineering Firm (to the extent permitted under Part A, Section 5.1), specify its relation to the Lead Engineering Firm.
- (2) Only list projects on which the Lead Engineering Firm worked within the past ten (10) years.
- (3) Only list projects where the Lead Engineering Firm held a minimum thirty percent (30%) of the ultimate responsibility for the design and engineering work. If the Lead Engineering Firm is a joint venture, only list projects from one or more members of the joint venture that will perform at least thirty percent (30%) of the Lead Engineering Firm's potential design and engineering work for the Project.
- (4) In thousands of United States Dollars. Identify exchange rates of amounts in other currencies using the exchange rate as of May 19, 2014, including the benchmark on which the exchange rate is based.
- (5) Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.
- (6) Show company's participation in terms of money and percentage of the design and engineering work for the listed project.
- (7) In Volume 2 of the QS provide a maximum two-page narrative description for each project listed in this column (on separate 8-1/2" x 11" sized white paper). The description should, at a minimum, give an overview of the project, and explain why the experience the company gained on the project is relevant.
- (8) For projects/contracts listed for design firms that were traditional consultant/engineering services contracts (as opposed to, for example, design-build contracts), the information sought above shall be limited only to the consultant/engineering services contract, rather than any ensuing construction contract where such entity had limited or no involvement.

**FORM D-2 - TECHNICAL EXPERIENCE - CONSTRUCTION**  
**EXPERIENCE OF THE LEAD CONTRACTOR IN THE CONSTRUCTION OF REFERENCE PROJECTS**

COMPANY NAME (1)	PROJECT NAME AND LOCATION (2), (3)	PROJECT COST (4) & (5)	START/END DATES	% OF WORKS COMPLETED BY MAY 27, 2014	LEVEL OF COMPANY'S PARTICIPATION (6)	ROLE OF COMPANY FOR THE PROJECT (7)

- Notes:**
- (1) A maximum of three projects may be included. In the case of an experience provided by a company related to the Lead Contractor (to the extent permitted under Part A, Section 5.1), specify its relation to the Lead Contractor.
  - (2) Only list projects on which the Lead Contractor worked within the past ten years.
  - (3) Only list projects where the Lead Contractor held a minimum twenty-five percent (25%) of the ultimate responsibility for the construction work. If the Lead Contractor is a joint venture, only list projects from one or more of the joint-venture members that will perform at least twenty-five percent (25%) of the Lead Contractor's potential construction work for the Project.
  - (4) In thousands of United States Dollars. Identify exchange rates of amounts in other currencies using the exchange rate as May 19, 2014, and identify the benchmark on which the exchange rate is based.
  - (5) Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.
  - (6) Show company's participation in terms of money and percentage of the work for the listed project.
  - (7) In Volume 2 of the QS provide a maximum two-page narrative description for each project listed in this column (on separate 8-1/2" x 11" sized white paper). The description should, at a minimum, give an overview of the project and explain why the experience the company gained on the project is relevant.
  - (8) For projects/contracts listed for construction firms using the traditional design/bid/build delivery method, the information sought above shall be limited only to the construction contract, rather than any design contract where such entity had limited or no involvement.

**FORM D-3 - TECHNICAL EXPERIENCE – MAINTENANCE**

<b>COMPANY NAME (1)</b>	<b>PROJECT NAME AND LOCATION (2), (3)</b>	<b>PROJECT COST (4) &amp; (5)</b>	<b>START/END DATES</b>	<b>LENGTH OF ROAD UNDER MAINTENANCE OBLIGATION</b>	<b>LEVEL OF COMPANY'S PARTICIPATION (6)</b>	<b>ROLE OF COMPANY FOR THE PROJECT (7)</b>

**Notes:**

- (1) A maximum of three projects may be included. In the case of experience provided by a company related to the Lead Maintenance Firm (as permitted in Part A, Section 5.1), specify its relation to the Lead Maintenance Firm, as applicable.
- (2) Only list projects on which the Lead Maintenance Firm worked within the past ten years.
- (3) Only list projects where the Lead Maintenance Firm held a minimum forty percent (40%) of the ultimate responsibility for the maintenance work. If the Lead Maintenance Firm is a joint venture, only list projects from joint venture members that will be responsible for at least forty percent (40%) of the Lead Maintenance Firm's, as applicable, potential maintenance work for the Project.
- (4) In thousands of United States Dollars. Identify exchange rates of amounts in other currencies using the exchange rate as of May 19, 2014, and identify the benchmark on which the exchange rate is based.
- (5) Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.
- (6) Show company's participation in terms of money and percentage of the maintenance work for the listed project.
- (7) In Volume 2 of the QS provide a maximum two-page narrative description for each project listed in this column (on separate 8-1/2" x 11" sized white paper). The description should, at a minimum, give an overview of the project and explain why the experience the company gained on the project is relevant.

**FORM E**  
**REFERENCE SUMMARY**

Proposers should consolidate references for all project experience included in their QS and Forms D-1, D-2, D-3 and D-3 within the Table below. References unable to be contacted may be disregarded by TxDOT at its own discretion

Responding Team Member	Project	Contact Name	Company / Agency	Current Address	Phone Number	E-mail	Fax
Lead Contractor	1.						
	2.						
	3.						
Lead Engineering Firm	1.						
	2.						
	3.						
Lead Maintenance Firm	1.						
	2.						
	3.						

**FORM F**  
**SAFETY QUESTIONNAIRE**

Name of Proposer: \_\_\_\_\_

Name of entity completing this Form F: \_\_\_\_\_

Role of entity completing this Form F:  Lead Contractor;  Lead Maintenance Firm;  Construction Team Member; or  Guarantor

**Instructions for completion:** Should additional lines or space be needed to address the subject areas below, the entity completing this Form F may add additional lines within each subject area as appropriate. Form F has no QS page limitation.

**Part A**

1. Please fill out the Table 1 below by providing the **Number of Fatal Work Injuries** (FWI) and **Fatal Injury Rates** (FIR) for the past three years for all projects in the United States. Also, please provide the **Incidence Rates** (IR) of nonfatal occupational injuries and illnesses for "Highway, Street and Bridge Construction", as defined by the North American Industry Classification System (NAICS 2373), for each of the cases listed below for the past three years for all projects nationwide. Formulas for calculating the FIR and IR are provided below as well as sample calculations. Additionally, please calculate the average for each line item in the table. Round the averages to a single decimal place. If only two years of data is available, average those two years. If only one year of data is available, that year will be the average.

The **Fatal Injury Rate** (FIR) is calculated as follows:

$$FIR = \left( \frac{\text{number of fatal work injuries (FWI)}}{\text{total employee hours worked during the calendar year}} \right) \times 200,000,000$$

The 200,000,000 in the formula represents the equivalent of 100,000 employees working 40 hours per week, 50 weeks per year and provides the standard base for the fatal injury rates.

**Example**

The XYZ Company had 1 fatal injury (FWI) and 25,000,000 hours worked by all employees during 2011. Using the formula for FIR above, the **Fatal Injury Rate** would be calculated as follows:

$$FIR = \left( \frac{1}{25,000,000} \right) \times 200,000,000 = 8.0$$

The **Incidence Rate of Injury and Illness Cases** (IR) is calculated as follows:

$$IR = \left( \frac{\text{number of cases}}{\text{total employee hours worked during the calendar year}} \right) \times 200,000$$

The 200,000 hours in the formula represents the equivalent of 100 employees working 40 hours per week, 50 weeks per year and provides the standard base for the incidence rates.

**Example**

The ABC Company has 7 total recordable, non-fatal, injuries and illness cases logged and 400,000 hours worked by all employees during 2012. Using the formula for IR above, the **Incidence Rate** would be calculated as follows:

$$IR = \left(\frac{7}{400,000}\right) \times 200,000 = 3.5$$

The same formula can be used to compute the **Incidence Rate** for the most serious injury and illness cases, defined here as cases that result in workers taking time off from their jobs (i.e. days away from work) or being transferred to another job or doing lighter (restricted) duties. ABC Company had 3 such cases. The **Incidence Rate** for these 3 cases is computed as:

$$IR = \left(\frac{3}{400,000}\right) \times 200,000 = 1.5$$

**Table 1.** Work-related Fatalities, Injuries, and Illnesses. Adapted from the United States Department of Labor, Bureau of Labor Statistics.

Data Series	2010	2011	2012	Average (AVG)
<b>Fatalities</b>				
Number of Fatal Work Injuries (FWI)	FWI	FWI	FWI	AVG
<b>Fatal Injury Rate per 100,000 full-time workers</b>				
Hours-Based Construction Fatal Injury Rate (FIR)	<i>Rates per 100,000 full-time employees</i>			
	FIR	FIR	FIR	AVG
<b>Incidence Rate of Injury and Illness Cases (IR) per 100 Full-Time Workers</b>				
Rate of Total Recordable Cases (A + B)	<i>Rates per 100 full-time employees</i>			
	IR	IR	IR	AVG
A. Rate of Cases with Days Away from Work, Job Transfer or Restriction (A = 1 + 2)	IR	IR	IR	AVG
1. Rate of Cases with Days Away from Work	IR	IR	IR	AVG
2. Rate of Cases with Days of Job Transfer or Restriction	IR	IR	IR	AVG
B. Rate of Other Recordable Cases	IR	IR	IR	AVG

Additional information to aid in calculating the rates above is available from the internet links below.

- How to compute a firm’s incidence rate, Bureau of Labor Statistics (BLS) - [www.bls.gov/iif/osheval.htm](http://www.bls.gov/iif/osheval.htm)
- OSHA Forms for Recording Work-Related Injuries and Illnesses - [www.osha.gov/recordkeeping/RKform300pkg-fillable-enabled.pdf](http://www.osha.gov/recordkeeping/RKform300pkg-fillable-enabled.pdf)
- Industry Injury and Illness Data - [www.bls.gov/iif/oshsum.htm](http://www.bls.gov/iif/oshsum.htm)
- Hours-based fatal injury rates – [www.bls.gov/iif/oshcfoi1.htm#rates](http://www.bls.gov/iif/oshcfoi1.htm#rates)
- Occupational Safety & Health Statistics, BLS Handbook Chapter 9 -

[www.bls.gov/opub/hom/pdf/homch9.pdf](http://www.bls.gov/opub/hom/pdf/homch9.pdf)

- Please provide the firm's National Council on Compensation Insurance (NCCI) Experience Modifier for the past three years for all projects in the United States, and calculate the average. Round the averages to two decimal places. Additionally, you must include with this Form F, an NCCI letter or a letter from an insurance agent identifying the firm's NCCI Experience Modifier. If only two years of data is available, average those two years. If only one year of data is available, that year will be the average.

**Table 2.** National Council on Compensation Insurance Experience Modifiers.

Item	2010	2011	2012	Average
NCCI Experience Modifier				

**Part B**

For purposes of this Part B, describe your firm's *standard or typical* safety program or practices.

- To whom and how often are internal accident reports and report summaries sent to your firm's management?

**Table 3.** Accident report and report summaries distribution.

Position	Monthly	Quarterly	Annually	Other (specify)

- Do you hold site safety meetings? Yes \_\_\_\_\_ No \_\_\_\_\_  
How often? Weekly \_\_\_ Biweekly \_\_\_ Monthly \_\_\_ Less often, as needed \_\_\_

- Do you conduct Project Safety Inspections? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who conducts them? \_\_\_\_\_

How often? Weekly \_\_\_ Biweekly \_\_\_ Monthly \_\_\_

- Does the firm have a written Safety Program? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does the firm have an orientation program for new hires? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what safety items are included? \_\_\_\_\_

- Does the firm have a safety training program for newly hired or promoted foremen?  
Yes \_\_\_\_\_ No \_\_\_\_\_



If yes, does it include instruction of the following?

**Table 4.** Safety categories addressed for newly hired or promoted foreman.

Topic	Yes	No
<b>Safety Work Practices</b>		
<b>Safety Supervision</b>		
<b>On-site Meetings</b>		
<b>Emergency Procedures</b>		
<b>Accident Investigation</b>		
<b>Fire Protection and Prevention</b>		
<b>New Worker Orientation</b>		

7. Does the firm hold safety meetings, which extend to the laborer level?

Yes \_\_\_\_\_ No \_\_\_\_\_

How often? Daily \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Less often, as needed \_\_\_

8. Does the firm have a program or written practices that expressly address the safety of the traveling public?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe such programs or practices. \_\_\_\_\_  
 \_\_\_\_\_

**FORM G  
PERSONNEL RESUME AND REFERENCES**

<p><b>Name:</b> _____</p> <p><b>Firm:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>Email Address:</b> _____</p>	<p><b>Position:</b> <i>(Select one. *)</i></p> <p><input type="checkbox"/> Project Manager</p> <p><input type="checkbox"/> Construction Manager</p> <p><input type="checkbox"/> Lead New Harbor Bridge Design Engineer</p> <p><input type="checkbox"/> New Harbor Bridge Maintenance Engineer</p> <p><input type="checkbox"/> Construction Quality Acceptance Manager</p> <p><input type="checkbox"/> Safety Manager</p> <p><input type="checkbox"/> Lead Quality Manager</p> <p><input type="checkbox"/> Professional Services Quality Acceptance Manager</p> <p><input type="checkbox"/> Public Information Coordinator</p>
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<p><b>Licenses/Certifications:</b> <i>(Select all that apply. Provide the license/certification number and expiration date.)</i></p> <p><input type="checkbox"/> Professional Engineer (Date Since: _____) State: _____ LIC. No. _____</p> <p><input type="checkbox"/> DBIA –Design-Build Institute of America LIC. No. _____ Exp. _____</p> <p><input type="checkbox"/> PMP- Project Management Professional LIC. No. _____ Exp. _____</p> <p><input type="checkbox"/> Lean Six Sigma LIC. No. _____ Exp. _____</p> <p><input type="checkbox"/> ASQ – American Society of Quality  <input type="checkbox"/> CQI <input type="checkbox"/> CQE <input type="checkbox"/> CQM  LIC. No. _____ Exp. _____</p> <p><input type="checkbox"/> OSHA -- Construction Safety &amp; Health (30 hours) LIC. No. _____ Exp. _____</p> <p><input type="checkbox"/> CPR and First Aid LIC. No. _____ Exp. _____</p> <p><input type="checkbox"/> CHST – Construction Health &amp; Safety Technician by the Board of Certified Safety Professionals LIC. No. _____ Exp. _____</p> <p><input type="checkbox"/> CSHO -- Certified safety and health official LIC. No. _____ Exp. _____</p> <p><input type="checkbox"/> TxDOT Precertification Categories. _____</p> <p><input type="checkbox"/> FHWA National Highway Institute Courses on Design and Traffic Operations</p> <p><input type="checkbox"/> Other(s): _____</p>	<p><input type="checkbox"/> Design Manager</p> <p><input type="checkbox"/> Lead Roadway Design Engineer</p> <p><input type="checkbox"/> Lead Roadway Bridge Design Engineer</p> <p><input type="checkbox"/> Lead Drainage Engineer</p> <p><input type="checkbox"/> ROW Acquisition Manager</p> <p><input type="checkbox"/> Utility Manager</p> <p><input type="checkbox"/> Lead Maintenance Manager</p> <p><input type="checkbox"/> Lead Demolition Manager</p> <p><input type="checkbox"/> Environmental Compliance Manager</p> <p><input type="checkbox"/> Sustainability Manager</p> <p><input type="checkbox"/> Other _____</p>
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**Years of Experience:** *(Relative to selected position for transportation projects.)*

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20+

<p><b>Degree:</b></p> <p><input type="checkbox"/> Associate</p> <p><input type="checkbox"/> Undergraduate</p> <p><input type="checkbox"/> Graduate</p> <p><input type="checkbox"/> Doctoral</p>	<p><b>Field / Program:</b></p> <p><input type="checkbox"/> Engineering</p> <p><input type="checkbox"/> Construction Management</p> <p><input type="checkbox"/> Architecture</p> <p><input type="checkbox"/> Other: _____</p>
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**College/University** *(Name and Location):*

\_\_\_\_\_

Project Description/ Role	Project Value*	Project Type	References from Project Owner/Manager
Project Name: Project Location: Start Date:                      End Date: Project Description:  Describe role and services provided relevant to this Project:	<input type="checkbox"/> Below \$100M <input type="checkbox"/> \$100M-\$500M <input type="checkbox"/> Above \$500M  <b>Services Value**</b> _____	<input type="checkbox"/> Availability Payment <input type="checkbox"/> Design-Build <input type="checkbox"/> Design-Build w/ ATC <input type="checkbox"/> Design-Build-Maintain <input type="checkbox"/> Design-Bid-Build <input type="checkbox"/> Concession <input type="checkbox"/> CM at Risk <input type="checkbox"/> Other:	Name: Title: Firm/Agency: Telephone: Email:
Project Name: Project Location: Start Date:                      End Date: Project Description:  Describe role and services provided relevant to this Project:	<input type="checkbox"/> Below \$100M <input type="checkbox"/> \$100M-\$500M <input type="checkbox"/> Above \$500M  <b>Services Value**</b> _____	<input type="checkbox"/> Availability Payment <input type="checkbox"/> Design-Build <input type="checkbox"/> Design-Build w/ ATC <input type="checkbox"/> Design-Build-Maintain <input type="checkbox"/> Design-Bid-Build <input type="checkbox"/> Concession <input type="checkbox"/> CM at Risk <input type="checkbox"/> Other:	Name: Title: Firm/Agency: Telephone: Email:
Project Name: Project Location: Start Date:                      End Date: Project Description:  Describe role and services provided relevant to this Project:	<input type="checkbox"/> Below \$100M <input type="checkbox"/> \$100M-\$500M <input type="checkbox"/> Above \$500M  <b>Services Value**</b> _____	<input type="checkbox"/> Availability Payment <input type="checkbox"/> Design-Build <input type="checkbox"/> Design-Build w/ ATC <input type="checkbox"/> Design-Build-Maintain <input type="checkbox"/> Design-Bid-Build <input type="checkbox"/> Concession <input type="checkbox"/> CM at Risk <input type="checkbox"/> Other:	Name: Title: Firm/Agency: Telephone: Email:

**\*Project Value. Provide the value of the design and construction cost for the identified project.**

**\*\*Provide the value of the work performed under your supervision (i.e. design, construction, ROW acquisition, etc.)**