

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

QUESTIONNAIRE FOR ARCHITECTS, ENGINEERS AND OTHER PROFESSIONAL SERVICES

QUESTIONNAIRE FOR: (LIST DISCIPLINE)	OTHER QUESTIONNAIRES SUBMITTED: (LIST DISCIPLINES)	DATE
FIRM NAME	ESTABLISHED YEAR STATE	TYPE OF ORGANIZATION (Underline) INDIVIDUAL PARTNERSHIP CORPORATION JOINT VENTURE OTHER
BUSINESS ADDRESS, TELEPHONE & FAX NO. OF HAWAII OFFICE	AGE OF FIRM	FEDERAL ID NO. YEARS ESTABLISHED IN HAWAII
PRINCIPALS OF FIRM: (NAMES)	ASSOCIATE MEMBERS OF FIRM: (NAMES)	
PRESENT BRANCH OFFICE(S): (ADDRESS, TELEPHONE & FAX NO.)	PERSON IN CHARGE: (NAMES)	

NUMBER OF PERSONNEL IN YOUR PRESENT ORGANIZATION

LOCATED AT	PRINCIPALS & KEY PERSONNEL			OTHER PERSONNEL										TOTAL		
	Architect	Engineer	Others	Architect	Engineers				Draftsmen	Spec. Writer	Estimator	Inspector	Surveyor		Balance	
					Mech.	Electri	Civil	Others								
HOME OFFICE																
BRANCH IN																
TOTAL																
TECHNICAL PERSONNEL:				NUMBER OF PERSONNEL WITH HAWAII LICENSES					NUMBER OF PERSONNEL WITHOUT HAWAII LICENSES							

PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES WITHIN YOUR FIRM							
NAME			RESIDENT OF	NAME			RESIDENT
TITLE				TITLE			
YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL	YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			
NAME			RESIDENT OF	NAME			RESIDENT OF
TITLE				TITLE			
YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL	YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			

PERSONAL HISTORY STATEMENT OF TECHNICAL PERSONNEL WITHIN YOUR FIRM

NAME		STATUS (Underline) Full-Time Part-Time		NAME		STATUS (Underline) Full-Time Part-Time	
TITLE OR POSITION		YEARS OF EXPERIENCE		TITLE OR POSITION		YEARS OF EXPERIENCE	
WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS		WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			
NAME		STATUS (Underline) Full-Time Part-Time		NAME		STATUS (Underline) Full-Time Part-Time	
TITLE OR POSITION		YEARS OF EXPERIENCE		TITLE OR POSITION		YEARS OF EXPERIENCE	
WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS		WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			
NAME		STATUS (Underline) Full-Time Part-Time		NAME		STATUS (Underline) Full-Time Part-Time	
TITLE OR POSITION		YEARS OF EXPERIENCE		TITLE OR POSITION		YEARS OF EXPERIENCE	
WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS		WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			

OUTSIDE ASSOCIATES AND CONSULTANTS USUALLY EMPLOYED

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

ERRORS AND OMISSIONS INSURANCE

DOES YOUR FIRM HAVE ERRORS & OMISSION (E&O) INSURANCE? (Underline)			AMOUNT OF COVERAGE PER CLAIM	AMOUNT OF DEDUCTIBLE
YES	NO	PROJECT INSURANCE	\$	\$

Submit proof of insurance or insurability from your insurance carrier with this form.

SUMMARY OF YOUR FIRM'S COMPLETED AND PRESENT PROJECTS DURING THE LAST TEN YEARS

AS A PRIME A/E CONSULTANT

TOTAL NUMBER OF COMPLETED PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF COMPLETED PROJECTS	\$
TOTAL NUMBER OF PRESENT PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF PRESENT PROJECTS	\$

AS AN ASSOCIATE WITH OTHER A/E CONSULTANTS

TOTAL NUMBER OF COMPLETED PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF COMPLETED PROJECTS (ONLY THE PORTION OF WORK FOR WHICH YOUR FIRM WAS RESPONSIBLE)	\$
TOTAL NUMBER OF PRESENT PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF PRESENT PROJECTS (ONLY THE PORTION OF WORK FOR WHICH YOUR FIRM IS RESPONSIBLE)	\$

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.)

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

Empty space for providing details on project assignment, management structure, execution, and quality control processes.

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.

PRINCIPALS ONLY - ADDITIONAL INFORMATION

NAME	TITLE AND POSITION	YEARS WITH FIRM
MAJOR RESPONSIBILITIES WITH THIS FIRM		

PRIOR EMPLOYMENT

(START WITH LATEST EMPLOYMENT PRIOR TO JOINING THIS FIRM AND PROVIDE SIMILAR INFORMATION FOR EACH SEPARATE EMPLOYMENT OR MAJOR CHANGES IN DUTIES WITH THE SAME EMPLOYER.)

FIRM:	DATE	FIRM:	DATE
	FROM: TO:		FROM: TO:
ADDRESS:		ADDRESS:	
JOB TITLE:		JOB TITLE:	
SUPERVISOR'S NAME AND TITLE:		SUPERVISOR'S NAME AND TITLE:	
MAJOR DUTIES:		MAJOR DUTIES:	

FIRM:	DATE	FIRM:	DATE
	FROM: TO:		FROM: TO:
ADDRESS:		ADDRESS:	
JOB TITLE:		JOB TITLE:	
SUPERVISOR'S NAME AND TITLE:		SUPERVISOR'S NAME AND TITLE:	
MAJOR DUTIES:		MAJOR DUTIES:	