



**Type of Request** (select one)

Initial Prequalification      Renewal      Modification or Key Personnel Update

| <b>Consultant Firm Information</b> (identified as "Firm" in the remainder of application)  |  |  |   |                     |  |
|--|--|--|---|---------------------|--|
| Firm Name  |  |  | FYE Date  | Number of Employees |  |
| Address  |  |  |   |                     |  |
| City   |  | State  | Zip Code  | County              |  |
| Phone  |  | Fax  |   | Company Web Site    |  |
| Remit to Address   |  |  |   |                     |  |
| City   |  | State  | Zip Code  | County              |  |
| Phone  |  |  | Fax   |                     |  |
| Statewide Vendor Number (SWV) for Remit to Address   |  |  | Federal Tax ID Number or Social Security Number |                     |  |
| Unified Business Identifier Number (UBI)   |  |  | NAICS Code & Code Name                          |                     |  |
| Year Firm Established  |  | UDBE/SBE/MSVWBE Certification Number (if applicable) |   |                     |  |
| Financial Contact  |  |  | Email   |                     |  |
| Firm Type<br>Sole Proprietor    Partnership    C-Corp    Limited Partnership    Subchapter S Corp.    Limited Liability Company                              |  |  |   |                     |  |
| Annual Gross Receipt<br>\$0 to \$1 Million    \$1 Million to \$5 Million    \$5 Million to \$10 Million    \$10 Million to \$15 Million    over \$15 Million |  |  |   |                     |  |

**Firm Name:** Please **do not** use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

**Federal Tax ID Number:** Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

**Unified Business Identifier (UBI) Number:** Your firm will be REQUIRED to acquire a UBI Number prior to execution of an agreement and/or being approved as a Subconsultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at [www.dor.wa.gov](http://www.dor.wa.gov).

**Statewide Vendor (SWV) Number:** The Statewide Vendor (SWV) Number is REQUIRED for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number. For additional information, please visit the Office of Financial Management (OFM) at <https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services>

**FYE Date:** Your firm's fiscal year end date.

**UDBE/SBE/MSVWBE Certification:** If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at [www.omwbe.wa.gov](http://www.omwbe.wa.gov).

**It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.**

## Technical Prequalification Categories

Category descriptions can be found on the on the advertisement web page.

Check box for each work type for which prequalification is sought:

|   |        |  |
|---|--------|--|
| Construction Management and Inspection Services                             |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Construction Materials Testing Services                                     |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Cost Risk Assessment and Cost Estimate Validation Process Workshop Services |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Environmental Services  |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Facilities Architectural Services   |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Facilities Civil Engineering Services                                       |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Facilities Mechanical and Electrical Engineering Services                   |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Facilities Structural Engineering Services                                  |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Fish Passage Barrier Correction   |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Geophysical   |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Geotechnical  |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Naval Architecture and Marine Engineering Services                          |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Other Subconsultant Work  |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Rail, Freight, and Ports - Engineering, Operations, and Planning Services   |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Special Structures Engineering Services                                     |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Structural Engineering Services   |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |
| Subject Matter Expert (SME) Services  |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| _____   | _____  | _____                                    |

|   |        |  |
|---|--------|--|
| Subsurface Utilities Engineering (SUE) Services                       |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| <hr/>   |        |  |
| Surveying Services  |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
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| Traffic Engineering Services  |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
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| Transportation Design Plans Specs and Estimate Services               |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
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| Transportation Planning and Studies Services                          |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
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| Unstable Slopes   |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
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| Value Engineering Services  |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
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| WSF Terminal Construction Inspection and Management Services          |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
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| WSF Terminal Design Engineering, Architectural and Surveying Services |        |  |
| Point of Contact:   | Email: | *Req. Cert./Lic. Number (if applicable): |
| <hr/>   |        |  |

**Certification**

By signing below and submitting this application, the applicant certifies that all statements and supporting documentation submitted in this application package are true and correct and include all material information necessary to identify and explain the operations of the applicant. Applicant hereby authorizes and requests any person, agency or firm to furnish any pertinent information requested by the Washington State Department of Transportation deemed necessary to verify the statements made in this application. This certification constitutes a material representation. Any misrepresentation will be grounds for denying or revoking prequalification and for initiating action under federal or state laws concerning false statements.

Signature

Title

Date

**Submittal**

Complete the "WSDOT Consultant Prequalification" form and submit to the email address below. The application must be submitted as an Adobe Reader compatible (pdf) file. Faxed applications will not be accepted.

Submittal email address: [CSOSubmittals@wsdot.wa.gov](mailto:CSOSubmittals@wsdot.wa.gov)

Any questions regarding this advertisement should be directed to WSDOT's Headquarters Consultant Services Office at [CSOSubmittals@wsdot.wa.gov](mailto:CSOSubmittals@wsdot.wa.gov) or 360-704-6397.

## **Next Steps**

WSDOT Consultant Services Office (CSO) will notify you when your firm's prequalification application has been accepted. Following acceptance of this application, your firm will be required to provide financial documentation and execute a Master Pricing Agreement before your firm will be eligible to work. Required documentation includes:

- Master Pricing Agreement document
- Indirect Cost Rate (ICR) documentation
- Crosswalk of Firm's employee labor classifications to WSDOT's standard labor classification listing
- Wage Theft Prevention Contractor Certification Form

## **Feedback - Help Us Help You**

Please provide any comments you may have regarding WSDOT's Prequalification program. With your help the Department will continue to improve this process.