

ON-CALL SERVICES PRE-QUALIFICATION FORM



Valley Metro Rail, Inc.
 Contracts & Procurement Department
 101 N. 1st Avenue, Suite 1300
 Phoenix, Arizona 85003
 LRTProcurement@metrolightrail.org
 www.metrolightrail.org

Potential suppliers, vendors or contractors (collectively "Company") seeking to provide "On Call Services" to Valley Metro Rail, Inc. ("Agency") must complete this Pre-Qualification form for future bidding opportunities for these services. All references and information must be current and traceable. Attach additional explanations and required documentation as noted.

Please submit the completed application to LRTProcurement@metrolightrail.org, as an attachment in "pdf" format, with the "On Call Pre-Qualification Form" in the subject line of the email transmittal.

SUPPLIER INFORMATION

LEGAL ENTITY NAME	_____	WEBSITE ADDRESS	_____
DOING BUSINESS AS	_____	STOCK EXCH TICKER	_____
MAILING ADDRESS	_____	DATE ESTABLISHED	_____
CITY, STATE & ZIP CODE	_____	YEARS IN BUSINESS	_____
PHYSICAL ADDRESS	_____	YEARS IN BUSINESS UNDER CURRENT NAME	_____
CITY, STATE & ZIP CODE	_____	FEDERAL TAX ID NO.	_____
OTHER ADDRESS	_____	CONTRACTOR NO.	_____
CITY, STATE & ZIP CODE	_____	DUNS RUT RUC NO.	_____
BUSINESS TYPE(S) (CHECK ALL THAT APPLY)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Historically Underutilized Business Zone (HUBZone) <input type="checkbox"/> Partnership <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Corporation <input type="checkbox"/> Women Business Enterprise (WBE) <input type="checkbox"/> S Corporation <input type="checkbox"/> Veteran Business Enterprise (VBE) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE)		

C O N T A C T S	N A M E , T I T L E	P H O N E	E M A I L
PRIMARY CONTACT	_____	_____	_____
SECONDARY CONTACT	_____	_____	_____

O W N E R S H I P	N A M E , T I T L E	% O W N E D	T I M E W I T H C O M P A N Y
SIGNIFICANT OWNER	_____	_____ %	_____
SIGNIFICANT OWNER	_____	_____ %	_____

If a partnership, list names and addresses of partners; if a corporation, list names of officers and directors and State of incorporation; if a joint venture, list names and addresses of venturers and, if any venturer is a corporation, partnership or joint venture, list the same information for each such corporation, partnership and joint venturer. Attach additional sheet if applicable.

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DISCIPLINE

IDENTIFY THE DISCIPLINE OF WORK THAT YOUR FIRM IS QUALIFIED TO PERFORM: (CHECK ALL THAT APPLY)

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. General Civil Engineering Planning/Design | <input type="checkbox"/> 6. Laboratory Services | <input type="checkbox"/> 11. Administrative Support |
| <input type="checkbox"/> 2. Cost Estimating/Program Controls | <input type="checkbox"/> 7. Program/Project Management | <input type="checkbox"/> 12. Other: |
| <input type="checkbox"/> 3. Architectural | <input type="checkbox"/> 8. System Engineering | <input type="checkbox"/> 12a. _____ |
| <input type="checkbox"/> 4. Real Estate Management/Acquisition | <input type="checkbox"/> 9. Environmental | <input type="checkbox"/> 12b. _____ |
| <input type="checkbox"/> 5. Construction Management/Inspection | <input type="checkbox"/> 10. Contracts & Procurement | <input type="checkbox"/> 12c. _____ |

	Prime Contractor	Subcontractor
How many years of experience has Company had in work similar to that identified above?		
How many people are currently employed by your firm?	In Arizona	Outside Arizona

PERFORMANCE QUESTIONS

(For any items answered "yes", please attach an explanation to the Pre-Qualification form when submitted.)

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Has Company, or any office or partner thereof, failed to complete a Contract? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. Does Company currently have any judgments, claims, arbitration proceedings, and/or suits pending? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. Has Company or any key personnel been involved in any bankruptcy or reorganization proceedings? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. Were any key personnel convicted of a felony within the last 3 years? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5. Has Company or any key personnel been investigated for committing a violation of any labor laws? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6. Has Company operated under any other name(s)? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 7. Were there any major changes to ownership or management within the past 3 years? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

REFERENCES COMPANY, NAME PHONE EMAIL

FINANCIAL INSTITUTION			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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APPLICATION TERMS AND CONDITIONS

Please mark one (1) response to **each** of the following statements, in consideration of Company's pre-qualification:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Company certifies that all statements contained herein are complete, true and accurate. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. Company authorizes Agency to directly contact any and all references reported herein. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. Company agrees that participation in any Agency bid process is at Company's sole expense and that Agency is not obligated to hire or contract with Company. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Thank you for completing this Pre-Qualification Form! Please ensure that any requested documentation is attached. If your company, product or services are of interest to us, we will contact you with further instructions.

SUPPLIER'S AUTHORIZED REPRESENTATIVE(S)

SIGNATURE	_____	SIGNATURE	_____
PRINTED NAME	_____	PRINTED NAME	_____
TITLE	_____	TITLE	_____
DATE	_____	DATE	_____

ANY ADDITIONAL INFORMATION MUST BE ATTACHED TO THIS FORM.