



STATEMENT OF QUALIFICATIONS  
SUBMITTAL FORM  
for

Construction Inspection

This submittal form will be used to provide information for the unranked service category of **CONSTRUCTION INSPECTION**, which is likely to include construction inspection services for a variety of projects, including but not limited to street rehabilitation, surface treatment, underground utilities, sidewalks, parks, traffic control, stormwater pollution prevention plans (SWPPP), and building inspections.

Firms must perform standard construction inspection duties with in-house staff and equipment in order to be considered as a service provider in this category. However, International Code Council (ICC) Special Inspections for concrete, masonry, structural steel and welding, fireproofing and bolts may be outsourced to subconsultants.

This form must be completed and submitted according to the guidelines set forth in the "Request for Statement of Qualifications". Any manipulation of this form is forbidden and may result in disqualification.

**I. COMPANY INFORMATION**

Company Name

Company Address:

Office location where work for this service category will be performed.

Primary Contact Person

Title

Phone Number

Fax Number

E-mail

**II. FIRM REGISTRATION**

Is your firm currently registered with Nevada Board of Professional Engineers and Land Surveyors?

YES    NO    N/A    Other

**III. SUBCONSULTANTS**

List the types of work relevant to this service category for which you may engage subconsultants. Response is limited to the space provided below.

**IV. COMPANY OVERVIEW and EXPERTISE**

Response is limited to the space below.

**V. KEY PERSONNEL**

Identify a project manager or team leader for this service category and provide a brief narrative of their relevant qualifications and experience. You may list up to five (5) additional current key personnel with experience specifically relevant to this service category. Responses are limited to the spaces provided below.

Project Manager or Team Leader Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

1. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

**V. KEY PERSONNEL**

2. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

3. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

**V. KEY PERSONNEL**

4. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

5. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

## VI. PROJECT EXAMPLES

List up to five (5) completed projects prosecuted by your company that are relevant to this service category. Each project listed shall have at least one (1) key employee from Section V of this form who either managed or played a key role in the project. Responses are limited to the spaces provided below.

1. Project Name

Project Location

Start Date  Your Company's Total Consultant Fee

Complete Date  Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

1. Primary type of inspection performed.  
2. Approximate number of inspection hours used on the project.

Company's Current Key Employee Name and Role

Project Description: Include project overview, company's role in the project, and list other key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

**VI. PROJECT EXAMPLES**

2. Project Name

Project Location

Start Date  Your Company's Total Consultant Fee

Complete Date  Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

1. Primary type of inspection performed.  
2. Approximate number of inspection hours used on the project.

Company's Current Key Employee Name and Role

Project Description: Include project overview, company's role in the project, and list other key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

**VI. PROJECT EXAMPLES**

3. Project Name

Project Location

Start Date  Your Company's Total Consultant Fee

Complete Date  Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

1. Primary type of inspection performed.  
2. Approximate number of inspection hours used on the project.

Company's Current Key Employee Name and Role

Project Description: Include project overview, company's role in the project, and list other key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.



**VI. PROJECT EXAMPLES**

4. Project Name

Project Location

Start Date  Your Company's Total Consultant Fee

Complete Date  Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

1. Primary type of inspection performed.  
2. Approximate number of inspection hours used on the project.

Company's Current Key Employee Name and Role

Project Description: Include project overview, company's role in the project, and list other key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

**VI. PROJECT EXAMPLES**

5. Project Name

Project Location

Start Date  Your Company's Total Consultant Fee

Complete Date  Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

1. Primary type of inspection performed.  
2. Approximate number of inspection hours used on the project.

Company's Current Key Employee Name and Role

Project Description: Include project overview, company's role in the project, and list other key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.