KANSAS DEPARTMENT OF TRANSPORTATION CONSULTANT QUALIFICATION QUESTIONNAIRE

The Consultant Qualification Questionnaire must be updated annually with qualifications, supplementary information, and the firm's experience. Information furnished may be audited or verified as deemed necessary by KDOT. Firms can check the website (http://www.ksdot.org/divEngDes/prequal/consultants/default.aspx?page=consultlist) 6 weeks after quarterly due date for their pre-qualification status. Please email the .PDF version to https://www.ksdot.org/divEngDes/prequal/consultants/default.aspx?page=consultlist) 6 weeks after quarterly due date for their pre-qualification status. Please email the .PDF version to https://www.ksdot.org/divEngDes/prequal/consultants/default.aspx?page=consultlist) 6 weeks after quarterly due date for their pre-qualification status. Please email the .PDF version to https://www.ksdot.org/divEngDes/prequal/consultants/default.aspx?page=consultlist) 6 weeks after quarterly due date for their pre-qualification status. Please email the .PDF version to https://www.ksdot.org/divEngDes/prequal/consultants/aspx?page=consultlist) 8 weeks after quarterly due date for their pre-qualification status. Please email the .PDF version to https://www.ksdot.org/divEngDes/prequal/consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants/aspx.page=consultants

Firm Name:			Date fir	rm established:					
Federal Employee	Identification Number	(FEIN):							
Business Struct Individual Partnership Corporation	() ()	Disadva Minorit	Certified in Kansas Disadvantaged Business (DBE) () Minority Business (MBE) () Woman Business (WBE) ()						
Other		VV Official	Business (WBL)						
<u>-</u>		code, and telephone number in firm and bind the firm on polic		ffice(s). The person to contact must be					
	Main Office	Branch Office	Branch Office	Branch Office					
Person to Contact:									
Title:									
Street Address:									
City, State									
Zip + 4:									
Telephone:									
E-mail address*: *Annual Prequalificat provide solicitation no		by e-mail. Project solicitations wi	ll be published in the Kansas Reg	gister and BidExpress. KDOT may also					

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Does your firm comply	with the following stat	e requirements?			Y	ES	NO	O	N/A
Is Firm properly registere	ed and in good standing	to do business wi	th the State of Kansa	s (KSA 17-7302)	()	()	()
If a non-resident firm (bu an instrument filed with t a process agent? Visit the	()	()	()				
KDOT requires all firms	to have a Quality Assur	ance Plan. Does	your firm have a Qua	lity Assurance Plan?	()	()	
Is the license of the firm	current with the Kansas	Boad of Technica	al Professionals?		()	()	
KDOT requires all firms	have professional liabili	ty insurance. Do	es your firm have pro	ofessional liability insuranc	e? ()	()	
Does firm have a valid ar and pricing data, capable reconcilable to general le Form- Appendix B)	of identifying and accur	mulating allowab	le costs by contract o		()	()	
KDOT requires successfu Bridges) for several categ	•		` ¥ 1	pection of In-Service	()	()	
_		•	•	red with the Kansas State B nich your firm is registered					
Engineering()	Land Surveying()	Geology()	Landscape Arch	itecture() Architectur	re()				
KSA 74-7001 requires ar Visit the Kansas State Bo				licensed with the Kansas S or the required forms.	tate B	oard of Te	chnical	l Profession	ns.
Show the number of pers	ons employed by your f	irm who are regis	tered in the following	g professions:					
Professional Engineer Professional Surveyor AI Certified Planner	KS Total () () () () () ()	Architect Landscape A	KS Total () () rchitect() ()	Professiona KDOT Cer			((S Total) ()) ()	
Bridge Inspection Team	Leaders: Routine ()	Element Level () Fracture Critical	() Underwater () Pi	n & H	anger ()		

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Indicate the number of employees in each discipline in each gender and minority group. Multi-registered personnel should be counted only in their primary discipline. Clerical personnel should be included in "Administrative". Other disciplines should be entered in the closest discipline.

DISCIPLINE	BLACK		HISPANIC		AMERICAN INDIAN & ALASKAN NATIVE		ASIAN OR PACIFIC ISLANDER		TOTAL MINORITIES		NON- MINORITY GROUP		ТО	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Administrative														
Architects														
CADD Operators / Eng. Tech / Detailers														
Certified Photogrammetrist														
Certified Value Eng. Specialists														
Civil Engineers														
Commercial Divers, Licensed														
Economists														
Electrical Engineers														
Environmental Engineers														
Estimators														
Geologists, Geotechnical Engineers														
Hydrologists														
Landscape Architects														
Mechanical Engineers														
Planners: Urban / Regional														
Sanitary Engineers														
Structural Engineers														
Surveyors														
Traffic Engineers														
TOTAL														

Total	number	of o	employe	es
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The Certified Inspection and Testing (CIT) Training program has been established to provide the required training and certifications for those individuals responsible for performing inspection and testing functions on KDOT construction projects. Additional information about the CIT program can be obtained at: Certified Inspector Training and Superpave Field Laboratory Technician Certification Training. Please list the name, certification number and expiration date (mm/yy) for the various categories. See Policy and Procedure Manual at the above noted web site for the Certified Inspection and Testing Training Program for the classification Acronyms.

	QC/QA									
Cert. #	CSW	RI	API	СЫ	STR	MSA	TCI	CTB	CONC	ASPH
oct to n	CBTT		111 1	011	SIR	141011	101	CID	COITE	110111
	Cert.#					Testing Certifications (Expiration Dates) Cert.# CSW BI API CPI STR				

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The Certified Inspection and Testing Training (CIT²) program has been established to provide the required training and certifications for those individuals responsible for performing inspection and testing functions on KDOT construction projects. Additional information about the CIT² program can be obtained at: CIT Manual. Please list the name, certification number and expiration date (mm/yy) for the various categories. See Policy and Procedure Manual at the above noted web site for the Certified Inspection and Testing Training Program for the classification Acronyms.

		Testing Certifications (Expiration Dates)							
Name	Cert.#	AGF	AGL	ACI-CF	HCP- ACI-CS	PO	SF	SOF	NUC

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Complete the following for the professional staff employed by the firm who may be assigned to KDOT projects. Attach additional sheets as needed, number them 6A, 6B, 6C, etc. **Present Position:** Name: **Total Years Experience: Probable Project Assignment:** Education **University Graduation Year Specialization Degree** Registration(s) Category **State** Kansas Registration Number (if applicable) <u>Date</u> **Record of Experience on Transportation Projects** Start /End (YYYY) **Position** <u>Firm</u> Type of Work/Responsibilities

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List five (5) projects, completed within the last five (5) years, and adequately describe the Service category work which best illustrates the firm's experience in this category. List the employee's name(s) and the firm when the service was performed. Projects may be listed on all appropriate service categories.

PROJECT NUMBER & YEAR COMPLETED	NAME OF EMPLOYEE & FIRM (PRIME or SUB)	OWNER, REFERENCE NAME & PHONE NUMBER	LOCATION, DESCRIPTION, LENGTH AND TYPE OF STUDY OR CONSTRUCTION(FIRM'S ROLE)	CONSULTING FEE (\$1,000S)
(1)				
(2)				
(3)				
(4)				
(5)				

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KDOT requires supplemental information for qualification in the Geotechnical (311), Materials Testing (312), Geotechnical Specialty Services (333), and Subsurface Utility Engineering (334) categories. Please submit a listing of equipment for the services which can be provided. Include additional pages if needed, number them 8A, 8b, etc.

Service Category (311, 312, 333 or 334)	Equipment Description & Location

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Indicate the Service Categories which your firm is requesting pre-qualification for. Refer to the "1050 Pre-qualification Category Definitions" at http://www.ksdot.org/bureaus/divengdes/prequal/default.asp for descriptions of the categories and requirements. **There must be a page 7 for each category prequalification requested on this page**.

TRANSPORTATION PLANNING					ROI	ESSI	ONAL - TECHNICAL SUPPORT SERVICES				
			Transportation Facilities Planning				Surveying				
()	161	Corridor/Area Planning and Studies	()	301	Land Surveying				
Ì)	162	Long Range Planning	ì)	302	Engineering Surveying				
Ì)	163	Congestion Management/ITS	\			Geotechnical and Material Testing				
`	,		Environmental Impact Studies	()	311	Geotechnical Engineering Services				
()	171	Environmental Documentation	ì)	312	Materials Laboratory Testing Services				
Ì)	172	Hazardous Site Assessments & Remediation	\			Bridge Evaluation Services				
Ì)	173	Noise Impact Analysis	()	321	Bridge Structural Analysis				
Ì)	174	Habitat and Biological Assessment	()	322	Bridge Inspection				
`	,			()	323	Underwater Bridge Inspection				
TF	RAN	SPOE	RTATION ENGINEERING AND DEVELOPMENT	()	325	Hydraulic and Hydrologic Studies				
			Pre-Const. Eng. and Project Mgmt.	`			Specialty Services				
()	201	Discovery Phase - Design Concept Studies	()	331	Aerial Photogrammetry				
()	203	Value Engineering	()	333	Geotechnical Specialty Services				
()	211	Highway Design - Major Facility	()	334	Subsurface Utility Engineering				
()	212	Highway Design - Minor Facility	()	337	Pavement Design				
()	221	Complex Structural Design	()	338	Pavement Design Coring				
()	222	Structural Design	()	401	Landscape, Seeding and Erosion Control				
			Traffic Engineering	()	411	Pedestrian and Bicycle Facility Design				
()	231	Traffic Control Analysis & Design (Traffic Studies)								
			Construction Inspection & Testing								
()	241	Construction Inspection and Testing								
pacl nam Sign	By signing below, I affirm that I have the signature authority required by the firm named on page 1 of this form to submit this qualification package on behalf of the same or have been granted authority by the signature authority named below. I also affirm that the signature authority named below attests to the truth and accuracy of all materials submitted herein. Signature: Date										
rnn	ιIN	ame:			_		Title:				

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