**General Information**

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| --- |
| FIRM NAME: |
| WEBPAGE: |
| MAIN (**street**) ADDRESS:      |
| CITY:      | STATE:      | ZIP CODE:      |
| BRANCH (**street**) ADDRESS:      |
| CITY:      | STATE:      | ZIP CODE:      |
| REMIT TO ADDRESS:      |
| CITY:      | STATE:      | ZIP CODE:      |

**Contact**

|  |  |
| --- | --- |
| CONTACT NAME & TITLE:      | TELEPHONE:      |
| FAX:      | EMAIL:      |

**Staff** [principal (P) and associate (A)(**Check "P" or "A" AS APPLICABLE**)]

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| **NAME** | **P** | **A** |

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| **DISCIPLINE, LICENSE NUMBER** |

**TYPE, LICENSE NUMBER** | **EXPIRATION DATE & STATE** | **DEGREE OR CERTIFICATE** | **INSTITUTION** |
|       | [ ]  | [ ]  |  |  |       |  |
|       | [ ]  | [ ]  |  |  |       |  |
|       | [ ]  | [ ]  |  |  |       |  |
|       | [ ]  | [ ]  |  |  |       |  |
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|       | [ ]  | [ ]  |  |  |       |  |

**Average staff employed in local office:** (**Average of past 5 years**)

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| --- | --- | --- | --- | --- | --- |
| Licensed Professionals: |       | Professionals on Licensure Track: |       | Technical Support: |       |
| Personnel with OSHPD experience: |       | Clerical: |  | Other: |  |  |  |

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| Provide a General Introduction to the Firm and Pertinent Qualifications (**provide attachment, if necessary**). |
|       |

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| Describe Firm’s Internal Plan Review Protocols and Provide Samples (**provide attachment**). |
|       |

**Project Experience**

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| List three (3) major projects within the past TEN (10) years that indicates your experience (**list most recent first**). |
| Project No. 1 Name: |       |
| Owner (include phone): |       |
| Project Delivery Method: |       |  | Construction Value: |       |  | Project Sq. Ft.: |       |
| Design Duration: |       |  | Construction Duration: |       |  | Year of Completion: |       |
| Consultant’s Role: |       |  | Consultant’s Years of Involvement: |       |
| Type of Facility: |       |  |  |  |
| Project Description: |       |  |
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| Project No. 2 Name: |       |
| Owner (include phone): |       |
| Project Delivery Method: |       |  | Construction Value: |       |  | Project Sq. Ft.: |       |
| Design Duration: |       |  | Construction Duration: |       |  | Year of Completion: |       |
| Consultant’s Role: |       |  | Consultant’s Years of Involvement: |       |
| Type of Facility: |       |  |  |  |
| Project Description: |       |  |
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| Project No. 3 Name: |       |
| Owner (include phone): |       |
| Project Delivery Method: |       |  | Construction Value: |       |  | Project Sq. Ft.: |       |
| Design Duration: |       |  | Construction Duration: |       |  | Year of Completion: |       |
| Consultant’s Role: |       |  | Consultant’s Years of Involvement: |       |
| Type of Facility: |       |  |  |  |
| Project Description: |  |  |
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**Key Personnel Information**

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| --- | --- | --- | --- | --- | --- |
| **PROJECT ROLE** | **NAME** | **DEGREES** | **YEARS OF PROF. EXPERIENCE** | **DISCIPLINE, LICENSE NUMBER, EXPIRATION DATE & STATE** | **YEARS W/FIRM** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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**Responding Firm References** [provide three (3)] Must be Owner references

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name: |       |  | Title: |       |
| OWNER REFERENCE 1 | Firm: |       |  | Telephone: |       |
|  | Name: |       |  | Title: |       |
| OWNER REFERENCE 2 | Firm: |       |  | Telephone: |       |
|  | Name: |       |  | Title: |       |
| OWNER REFERENCE 3 | Firm: |       |  | Telephone: |       |

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| Please attach to this form any other information you wish us to consider, such as your firm's brochure or a discussion of your recent work. |

**PRIVACY NOTIFICATION**

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University of California to provide the following information to individuals who are asked to supply personal information about themselves.

The principal purpose for requesting the information on this form is for use in the selection process for Design Professionals and Consultants commissioned by the University. University Policy authorizes maintenance of this information.

Furnishing all information requested on this form is mandatory – failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form will be used by the Facilities Design & Construction Office in the consideration of commissions to Design Professionals and Consultants.

Individuals have the right to have access to this record as it pertains to themselves.

The official responsible for maintaining the information contained on this form is the Manager, Facilities Design and Construction.

**Facilities Design & Construction**

**UC Davis Health**

**4800 2nd Avenue, Suite 3010**

**Sacramento, CA 95817**