



State of Oklahoma
Department of Central Services
Construction and Properties

CONSTRUCTION MANAGER
QUALIFICATION STATEMENT

Contractors shall update their qualification information annually by submitting a current DCS/CAP Form A305CM. Failure to provide current information annually may result in the loss of qualification status.

SUBMITTED TO: State Construction Administrator
 Construction and Properties
 Department of Central Services
 State of Oklahoma
 P.O. Box 53448
 2401 N. Lincoln Suite 106
 Oklahoma City, OK. 73152-3448

SUBMITTED BY:

FIRM NAME:

ADDRESS:

- Corporation
- Partnership
- Individual
- Joint Venture
- L.L.C.
- L.L.P.
- Other

TELEPHONE NO: VOICE
FAX

EMAIL ADDRESS:

FEI NO:

PRINCIPAL OFFICE: Yes No

- Certified Construction Manager**
 Construction Management Association of America
- Certified Cost Engineer**
 Association For The Advancement of Cost Engineering
- Certified Cost Consultant**
 Association for the Advancement of Cost Engineering
- Certified Professional Estimator**
 American Society for Professional Estimator

- Certified Professional Constructor**
 American Institute of Constructors
- Certified Construction Contract Administrator**
 Construction Specifications Institute
- Other Certification Source:** Pre-approval required from the State Construction Administrator

1.0 LICENSING / REGISTRATION:

- 1.1. List jurisdiction and trade categories in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable.
- 1.2. List jurisdictions in which your organization's fictitious name or trade name is filed.
- 1.3. Out of state firms are required to obtain a Certificate of Authority to transact business in the State of Oklahoma. Certificate applications may be obtained from the Office of the Secretary of State, 2300 N. Lincoln Blvd., Suite. 101, Oklahoma City, OK. 73105-4897, www.sos.state.ok.us. Telephone: 405-521-3911. An out of state firm who is the apparent low bidder on State work, will be required to obtain the Certificate of Authority before a contract is awarded and executed.

2.0 ORGANIZATION:

- 2.1. How many years has your organization been in business as a Construction Manager? Years.
- 2.2. How many years has your organization been in business under its present business name? Years.
 - 2.2.1. Under what other name (e.g. trade name, fictitious name) or former names has your organization operated?
- 2.3. If your organization is a corporation, answer the following:
 - 2.3.1. Date of incorporation:
 - 2.3.2. State of incorporation:
 - 2.3.3. Corporation is in good standing in state of incorporation: Yes No
 - 2.3.4. President's name:
 - 2.3.5. Vice-president's name:
 - 2.3.6. Secretary's name:
 - 2.3.7. Treasurer's name:
- 2.4. If your organization is not a corporation, answer the following:
 - 2.4.1. Date of organization:
 - 2.4.2. Type of organization:
 - 2.4.3. State of organization:
 - 2.4.4. Organization is in good standing in state of organization: Yes No
 - 2.4.5. Name(s) of officers or principals:
- 2.5. If your organization is individually owned, answer the following:
 - 2.5.1. Date of organization:
 - 2.5.2. Type of owner:
- 2.6. If the form of your organization is other than those listed above, describe it and name the principals:
- 2.7. List the categories of work that your organization normally performs with its own forces.
- 2.8. Claims and Suits.
 - 2.8.1. Has your organization ever failed to complete any work awarded to it? Yes No

2.8.2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes

2.11. Experience Past Five Years: List the major projects your organization has completed in the past five years, giving the name of the project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces. Include telephone numbers of owners and architects.

2.11.1.Project Name: Owner:
Type Project: Contact Name:
Size: S.F. Contact Telephone:
Contract Amount: Architect:
Completion Date: Contact Name:
Percent Work Performed With Own Forces: Contact Telephone:

2.11.2.Project Name: Owner:
Type Project: Contact Name:
Size: S.F. Contact Telephone:
Contract Amount: Architect:
Completion Date: Contact Name:
Percent Work Performed With Own Forces: Contact Telephone:

2.11.3.Project Name: Owner:
Type Project: Contact Name:
Size: S.F. Contact Telephone:
Contract Amount: Architect:
Completion Date: Contact Name:
Percent Work Performed With Own Forces: Contact Telephone:

2.11.4.Project Name: Owner:
Type Project: Contact Name:
Size: S.F. Contact Telephone:
Contract Amount: Architect:
Completion Date: Contact Name:
Percent Work Performed With Own Forces: Contact Telephone:

2.11.5. State average annual amount of construction work performed during the past five years: \$

2.12. Experience Key Personnel: List the construction experience and present commitments of the key individuals of your organization.

3.0

5.0 SIGNATURE:

5.1. The undersigned, being duly authorized to sign on behalf of the organization named herein, certifies that the contents of the application and each supporting document are true to the best of my knowledge and sufficiently complete so as not to be misleading.