|  |  |
| --- | --- |
| Name of Firm:  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Corporation |  | Partnership |  | Individual |  | Joint Venture |
|  |  |  |  |  |  |  |  |
|  | General |  | Limited |  | Association |  | Other |

|  |  |
| --- | --- |
| Street Address: |  |
| City/State/Zip: |  |
| Telephone Number: |  | Fax Number: |  |
| Contact Person/Title: |  |
| Email Address: |  |

1 – In what states is your firm legally qualified to do business?

|  |
| --- |
|  |

2 – In what state is your trade name or partnership filed?

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| --- |
|  |

|  |  |
| --- | --- |
| 3 – Years the design firm has been in business under its present name: |  |

4 – Identify all other or former names under which your organization has operated.

|  |
| --- |
|  |

5 – Identify parent company, if applicable.

|  |
| --- |
|  |

6 – If a corporation, complete the following:

|  |  |
| --- | --- |
| Date firm Incorporated:  |  |
| State where firm is incorporated: |  |
| County where firm is incorporated: |  |
| Name of President: |  |
| Name of Vice President(s):  |  |
| Name of Secretary: |  |
| Name of Treasurer:  |  |

7 – Identify affiliates, divisions and subsidiaries, if applicable.

|  |  |
| --- | --- |
| Name of Firm: |  |
| Street Address: |  |
| City/State/Zip: |  |
| Telephone Number: |  | Fax Number: |  |

|  |  |
| --- | --- |
| Name of Firm: |  |
| Street Address: |  |
| City/State/Zip: |  |
| Telephone Number: |  | Fax Number: |  |

8 – If an individual or partnership, complete the following:

|  |  |  |
| --- | --- | --- |
| Date of Organization:  |  |  |
| Is the Partnership:  |  | General |  | Limited |  | Association |

List name and address of all partners:

|  |  |
| --- | --- |
| Name of Firm: |  |
| Street Address: |  |
| City/State/Zip: |  |
| Telephone Number: |  | Fax Number: |  |

|  |  |
| --- | --- |
| Name of Firm: |  |
| Street Address: |  |
| City/State/Zip: |  |
| Telephone Number: |  | Fax Number: |  |

9 – If other than a corporation or partnership, describe organization and name principals, owners and/or partners.

|  |  |  |
| --- | --- | --- |
| Name |  | Percentage Ownership - % |
|  |  |  |
|  |  |  |
|  |  |  |
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10 – Is your firm now, or has it been in the past 5 years, involved in formal legal proceedings regarding any of your services, or has any client canceled a contract with your firm for any reason? If yes, explain briefly (or attach further details, as needed):

|  |
| --- |
|  |
|  |

11 – Identify the total number of full-time professional employees by discipline and job:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Discipline |  | Job Description |  | Number  |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- |
| Highest number of employees (all disciplines) in the past three years: |  |  |
| Lowest number of employees (all disciplines) in the past three years: |  |  |

**AUTHORIZATION**

The undersigned, acting on behalf of the corporation, hereby affirms that the answers to the foregoing questions and all statements and information provided herein are true and correct; and authorizes and requests any person, firm or organization to furnish all information sought in verification of the responses provided in this Statement of Qualifications.

|  |
| --- |
| Stated of Colorado |
| County of  |  |  |
|  |  |  |  |  |  |  |
| This record was acknowledged before me on  |  | , 20 |  |  by |
|  |  |
|  | Company |
|  |  |
|  | Signature |
|  |  |
|  | Name |
|  |  |
|  | Title |
|  |  |
| (Notary’s official Signature) |  |  |
|  |  |  |
| (Title) |  |  |
|  |  |  |
| (Commission Expires) |  |  |
|  |  |  |