



ATTACHMENT 1
STEP 1 OF 3 STEP PROCESS
QUALIFICATIONS QUESTIONNAIRE FOR
FOR CONSTRUCTION MANAGER AT RISK

Project Name: _____

SECTION 1 – BUSINESS INFORMATION

1. COMPANY

Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____ **Telephone:** _____

Type of Firm:

Corporation: State of Incorporation _____

Partnership **Sole Proprietorship** **Joint Venture** **Other**

a. Year firm was established: _____

b. Parent company (if applicable): _____

2. LICENSING

a. Does your firm hold the proper contractor's license for the type of work to be performed issued pursuant to the Construction Industries Licensing Act?

Yes _____ **No** _____

b. If yes, provide the following information about the contractor's license:

1) Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division:

- 2) License Classification: _____
- 3) License Code: _____
- 4) License Number: _____
- 5) Issue Date: _____
- 6) Expiration Date: _____

c. Is the firm's contractor's license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

Yes _____ No _____ (Attach explanation)

RESIDENT/NATIVE AMERICAN OR VETERAN PREFERENCE

a. Does your firm hold a current/valid Resident or Veteran Preference Certification Number pursuant to Section 13-1-22 NMSA 1978?

Yes _____ No _____

Certification Number: _____ Date of Expiration: _____

ATTACH A COPY OF YOUR VALID RESIDENT OR VETERAN PREFERENCE CERTIFICATE.

b. If a joint proposal, provide the percentage of the Work to be completed by the nonresident business based on the proposed dollar amount of the goods and services to be provided under the contract.

Percentage of Work By Nonresident Contractor: _____

3. REGISTRATION

a. Does your firm hold a current/valid Registration Number pursuant to Section 13-4-13.1 NMSA 1978?

Yes _____ No _____

Registration Number: _____ Date of Registration _____

4. SURETY

Provide the following information on all surety companies utilized since 1998:

a. Name of Firm's current surety company:

Surety telephone number: _____

Period covered by Surety: _____

b. Maximum amount of bonding capacity provided by surety to your firm:

\$ _____

c. Is your firm free of having a project taken over by surety for completion of a project in the past five years?

Yes _____ No _____

d. Is the surety company to be used on this construction project licensed to do business in the State of New Mexico?

Yes _____ No _____

If yes, provide the name and telephone number of the surety to be used on this construction project:

Surety Name: _____

Contact Agent Name: _____ Telephone: _____

e. Is your firm able to obtain bonding in the amount required for this construction project?

Yes _____ No _____

6. **SAFETY**

a. What has been your Workers' Compensation Experience Modification Rate (EMR) for each of the past five years?

If EMR in any year exceeds 1.0 provide explanation in Para. 10 below.

b. **Does** your firm have a written safety program compliant with current State regulations?

Yes _____ No _____ (attach explanation)

If yes, provide one (1) copy of your firm's written safety program and state the names of key safety personnel, including the designated lead safety program manager, who will be assigned and individually list their specific duties.

Name and Title	Specific Duties
_____	_____
(Name)	
_____	_____
(Title)	

Name and Title	Specific Duties
_____	_____
(Name)	
_____	_____
(Title)	

Name and Title	Specific Duties
_____	_____
(Name)	
_____	_____
(Title)	

Provide the Recordable Incident Rate for the past calendar year: _____

c. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final decision of a court or government agency that could not be appealed?

Yes _____ No _____ (attach explanation)

7. INSURANCE & CLAIMS HISTORY

a. Does your firm have any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was a party?

Yes _____ No _____ (attach explanation)

- b. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that it filed a false claim with any federal, state or local government entity?

Yes _____ No _____ (attach explanation)

- c. Does your firm have the ability to provide the required insurance in the limits stated in the project documents?

Yes _____ No _____ (attach explanation)

8. LABOR CODE VIOLATIONS

- a. Has your firm, at any time during the past five years, been debarred pursuant to the Public Works Minimum Wage Act (NMSA 1978 13-4-10 to 13-4-17)?

Yes _____ No _____ (attach explanation)

- b. Has your firm incurred any Subcontractor Fair Practices Act violations in the past five (5) years?

Yes _____ (Attach explanation) No _____

9. VERIFICATION OF THE MAXIMUM ALLOWABLE CONSTRUCTION COST (MACC)

Has your firm reviewed the MACC for this project and found it to be reasonable for the Scope of Work described in the Request for Qualifications?

Yes _____ No _____ (attach explanation)

10. CONTRACTOR'S COMMENTS:

Use this area or attach a sheet to provide further explanation of the answers to any questions asked in this Qualifications Questionnaire. Please key your explanations to the appropriate Sections, 1 through 9.