

**UNIVERSITY OF CALIFORNIA
STATEMENT OF QUALIFICATIONS**

1. Firm's Name: _____

2. Business Address: _____

3. Firm Established (year) _____ Telephone No: _____

4. Type of Organization (check one):

a. Individual b. Partnership c. Corporation d. Joint Venture

5. Principles and Associates (check P or A for each):

	Name	P	A	Degree or Certificate	Institution
a.					
b.					
c.					
d.					

6. Average staff employed in home office: (average of past five years):

a. Architects	_____	e. Drafting Technicians	_____
b. Engineers	_____	f. Clerical	_____
c. Landscape Architects	_____	g. Others	_____
d. Interior Designers	_____		

7. List five major projects constructed within the past five years:

	Project	Owner	Year	Building Cost
a.				
b.				
c.				
d.				
e.				

Statement of Qualifications *(continued)*

8. References:
- a. _____
 - b. _____
 - c. _____

9. (Optional) Where do you normally look for information about proposed University projects?
- _____

Signed: _____

Date: _____

Please submit with 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 requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose for requesting the information on this form is for use in the selection process for Design Professionals commissioned by the University. University Policy authorizes maintenances 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 Department of Capital Projects in the consideration of commissions to Design Professionals.

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

The official responsible for maintaining the information contained on this form is the Campus Architect for the Berkeley campus of the University of California.

REQUEST FOR SUPPLEMENTAL INFORMATION

Please submit the following information together with the Design Professional Qualification on the date noted in the Information Package. Failure to respond may affect consideration of your firm for this project. Responses may be listed on separate pages.

- 1) Please separately list each pending unresolved claim for professional negligence and each current arbitration(s), mediation or litigation in which professional negligence or breach of professional services agreement is alleged or indemnity is being sought (because of such alleged negligence or breach of contract) using the following claimant categories:
 - a) The Regent of the University of California against your firm or any principle of your firm (indicate campus, medical center or Department of Energy (DOE) Laboratory and name of project). If none, indicate none.

 - b) Any Owner, person or entity against your firm or any principle of your firm (indicate project, location and Owner). If none, indicate none.

 - c) The Regents of the University of California against any of your proposed major consultants (i.e., structural engineer, mechanical engineer and any other major consultant on your proposed project team. Indicate campus, medical center or Department of Energy (DOE) Laboratory and name of project). If none, indicate none.

 - d) Any Owner, person or entity against any of your proposed major consultants (indicate project, location and Owner). If none, indicate none.

REQUEST FOR SUPPLEMENTAL INFORMATION *(continued)*

- 2) Please separately list each resolved (settled, arbitrated, litigated) claim for professional negligence or breach of professional services agreement or for indemnity (because of such alleged negligence or breach of contract) during the last 5 years using the following categories:
 - a) The Regent of the University of California and your firm or any principle of your firm (indicate campus, medical center or Department of Energy (DOE) Laboratory and name of project). If none, indicate none.

 - b) Any Owner, person or entity and your firm or any principle of your firm (indicate project, location and Owner). If none, indicate none.

 - c) The Regents of the University of California and any of your proposed major consultants (i.e., structural engineer, mechanical engineer and any other major consultant on your proposed project team. Indicate campus, medical center or Department of Energy (DOE) Laboratory and name of project). If none, indicate none.

 - d) Any Owner, person or entity and any of your proposed major consultants (indicate project, location and Owner). If none, indicate none.

DECLARATION

The undersigned declares under penalty of perjury that all of the information submitted is true and correct and that this declaration was executed in

_____ County, California, on _____ *(date)*

(Name and Title – Printed or Typed)

Signature

Firm Name – If a Joint Venture,
state name of JV Entity

(Address)

(City, State, Zip)

(Telephone Number)

(Facsimile Telephone Number)