

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

QUESTIONNAIRE FOR ARCHITECTS, ENGINEERS AND OTHER PROFESSIONAL SERVICES

| | | |
|--|--|--|
| QUESTIONNAIRE FOR: (LIST DISCIPLINE) | OTHER QUESTIONNAIRES SUBMITTED: (LIST DISCIPLINES) | DATE |
| FIRM NAME | ESTABLISHED YEAR STATE | TYPE OF ORGANIZATION (Underline) INDIVIDUAL PARTNERSHIP CORPORATION JOINT VENTURE OTHER |
| BUSINESS ADDRESS, TELEPHONE & FAX NO. OF HAWAII OFFICE | AGE OF FIRM | FEDERAL ID NO. YEARS ESTABLISHED IN HAWAII |
| PRINCIPALS OF FIRM: (NAMES) | ASSOCIATE MEMBERS OF FIRM: (NAMES) | |
| PRESENT BRANCH OFFICE(S): (ADDRESS, TELEPHONE & FAX NO.) | PERSON IN CHARGE: (NAMES) | |

NUMBER OF PERSONNEL IN YOUR PRESENT ORGANIZATION

| LOCATED AT | PRINCIPALS & KEY PERSONNEL | | | OTHER PERSONNEL | | | | | | | | | | TOTAL | | |
|----------------------|----------------------------|----------|--------|--|-----------|---------|-------|--------|---|--------------|-----------|-----------|----------|-------|---------|--|
| | Architect | Engineer | Others | Architect | Engineers | | | | Draftsmen | Spec. Writer | Estimator | Inspector | Surveyor | | Balance | |
| | | | | | Mech. | Electri | Civil | Others | | | | | | | | |
| HOME OFFICE | | | | | | | | | | | | | | | | |
| BRANCH IN | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | |
| TECHNICAL PERSONNEL: | | | | NUMBER OF PERSONNEL WITH HAWAII LICENSES | | | | | NUMBER OF PERSONNEL WITHOUT HAWAII LICENSES | | | | | | | |

| PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES WITHIN YOUR FIRM | | | | | | | | |
|--|---------------------------|-----------------------------|----------------------|---|---------------------------|-----------------------------|----------------------|-------------|
| NAME | | | RESIDENT OF | | NAME | | | RESIDENT |
| TITLE | | | | TITLE | | | | |
| YEARS OF EXPERIENCE | AS PRINCIPAL IN THIS FIRM | AS PRINCIPAL IN OTHER FIRMS | OTHER THAN PRINCIPAL | YEARS OF EXPERIENCE | AS PRINCIPAL IN THIS FIRM | AS PRINCIPAL IN OTHER FIRMS | OTHER THAN PRINCIPAL | |
| EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | |
| MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS | | | | MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS | | | | |
| REGISTRATION (TYPE, YEAR, STATE) | | | | REGISTRATION (TYPE, YEAR, STATE) | | | | |
| NAME | | | RESIDENT OF | | NAME | | | RESIDENT OF |
| TITLE | | | | TITLE | | | | |
| YEARS OF EXPERIENCE | AS PRINCIPAL IN THIS FIRM | AS PRINCIPAL IN OTHER FIRMS | OTHER THAN PRINCIPAL | YEARS OF EXPERIENCE | AS PRINCIPAL IN THIS FIRM | AS PRINCIPAL IN OTHER FIRMS | OTHER THAN PRINCIPAL | |
| EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | |
| MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS | | | | MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS | | | | |
| REGISTRATION (TYPE, YEAR, STATE) | | | | REGISTRATION (TYPE, YEAR, STATE) | | | | |

PERSONAL HISTORY STATEMENT OF TECHNICAL PERSONNEL WITHIN YOUR FIRM

| | | | | | | | | | | | |
|---|--|---|---------------------|------------------|--|---|--|---|---------------------|------------------|--|
| NAME | | STATUS (Underline) Full-Time Part-Time | | NAME | | STATUS (Underline) Full-Time Part-Time | | | | | |
| TITLE OR POSITION | | | YEARS OF EXPERIENCE | | | TITLE OR POSITION | | | YEARS OF EXPERIENCE | | |
| WITH THIS FIRM | | WITH LAST FIRM (NAME & NO. OF YEARS) | | WITH OTHER FIRMS | | WITH THIS FIRM | | WITH LAST FIRM (NAME & NO. OF YEARS) | | WITH OTHER FIRMS | |
| EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | | | EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | | |
| REGISTRATION (TYPE, YEAR, STATE) | | | | | | REGISTRATION (TYPE, YEAR, STATE) | | | | | |
| NAME | | STATUS (Underline) Full-Time Part-Time | | NAME | | STATUS (Underline) Full-Time Part-Time | | | | | |
| TITLE OR POSITION | | | YEARS OF EXPERIENCE | | | TITLE OR POSITION | | | YEARS OF EXPERIENCE | | |
| WITH THIS FIRM | | WITH LAST FIRM (NAME & NO. OF YEARS) | | WITH OTHER FIRMS | | WITH THIS FIRM | | WITH LAST FIRM (NAME & NO. OF YEARS) | | WITH OTHER FIRMS | |
| EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | | | EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | | |
| REGISTRATION (TYPE, YEAR, STATE) | | | | | | REGISTRATION (TYPE, YEAR, STATE) | | | | | |
| NAME | | STATUS (Underline) Full-Time Part-Time | | NAME | | STATUS (Underline) Full-Time Part-Time | | | | | |
| TITLE OR POSITION | | | YEARS OF EXPERIENCE | | | TITLE OR POSITION | | | YEARS OF EXPERIENCE | | |
| WITH THIS FIRM | | WITH LAST FIRM (NAME & NO. OF YEARS) | | WITH OTHER FIRMS | | WITH THIS FIRM | | WITH LAST FIRM (NAME & NO. OF YEARS) | | WITH OTHER FIRMS | |
| EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | | | EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION) | | | | | |
| REGISTRATION (TYPE, YEAR, STATE) | | | | | | REGISTRATION (TYPE, YEAR, STATE) | | | | | |

OUTSIDE ASSOCIATES AND CONSULTANTS USUALLY EMPLOYED

| DISCIPLINE | NAME OF FIRM OR INDIVIDUAL | DISCIPLINE | NAME OF FIRM OR INDIVIDUAL |
|------------|----------------------------|------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ERRORS AND OMISSIONS INSURANCE

| DOES YOUR FIRM HAVE ERRORS & OMISSION (E&O) INSURANCE? (Underline) | | | AMOUNT OF COVERAGE PER CLAIM | AMOUNT OF DEDUCTIBLE |
|--|----|-------------------|------------------------------|----------------------|
| YES | NO | PROJECT INSURANCE | \$ | \$ |

Submit proof of insurance or insurability from your insurance carrier with this form.

**SUMMARY OF YOUR FIRM'S COMPLETED AND PRESENT PROJECTS DURING THE LAST TEN YEARS
AS A PRIME A/E CONSULTANT**

| | |
|---|----|
| TOTAL NUMBER OF COMPLETED PROJECTS | |
| TOTAL ESTIMATED CONSTRUCTION COST OF COMPLETED PROJECTS | \$ |
| TOTAL NUMBER OF PRESENT PROJECTS | |
| TOTAL ESTIMATED CONSTRUCTION COST OF PRESENT PROJECTS | \$ |

AS AN ASSOCIATE WITH OTHER A/E CONSULTANTS

| | |
|--|----|
| TOTAL NUMBER OF COMPLETED PROJECTS | |
| TOTAL ESTIMATED CONSTRUCTION COST OF COMPLETED PROJECTS (ONLY THE PORTION OF WORK FOR WHICH YOUR FIRM WAS RESPONSIBLE) | \$ |
| TOTAL NUMBER OF PRESENT PROJECTS | |
| TOTAL ESTIMATED CONSTRUCTION COST OF PRESENT PROJECTS (ONLY THE PORTION OF WORK FOR WHICH YOUR FIRM IS RESPONSIBLE) | \$ |

CLASS OF WORK AND PROJECT TYPE SPECIALIZATION

| TYPE OF PROJECT | TOTAL NO. OF COMPLETED PROJECTS | TOTAL ESTIMATED CONSTRUCTION COST | TOTAL ESTIMATED PROJECT SIZE (G.S.F.) |
|-----------------|---------------------------------|-----------------------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Categorize your firm's class for work during the last ten years by project type. Examples of project types include Educational, Commercial, Industrial, Residential, Health Care, Correctional and Judicial Facilities. Work may also be categorized as planning, civil sitework, renovation/alteration, architectural barrier removal, fire alarm system, etc.

PRESENT/COMPLETED PROJECTS IN WHICH YOUR FIRM IS/WAS DESIGNATED THE PRIME CONSULTANT (BY TYPE)

(LIST A MAXIMUM OF 10 PROJECTS FOR EACH DISCIPLINE/TYPE OF WORK BEING APPLIED FOR. LIST PROJECTS THAT REFLECT YOUR ABILITY TO PROVIDE QUALITY WORK FOR YOUR REQUESTED PROJECTS.)

| TYPE: | | | | | | | |
|-------|----------------------------------|-----------------------|---|----------------------------|------------------------------|-------------|--------|
| YEAR | NAME AND LOCATION OF THE PROJECT | NAME OF LEAD DESIGNER | NAME, ADDRESS, PHONE & FAX NO. OF THE OWNER | ESTIMATED CONST. COST (\$) | DURATION FOR DESIGN (MONTHS) | % COMPLETED | |
| | | | | | | DESIGN | CONST. |
| | | | | | | | |

PRESENT/COMPLETED PROJECTS THAT YOUR FIRM IS/WAS ASSOCIATED WITH OTHERS (BY TYPE)

(LIST A MAXIMUM OF 10 PROJECTS FOR EACH DISCIPLINE/TYPE OF WORK BEING APPLIED FOR. LIST PROJECTS THAT REFLECT YOUR ABILITY TO PROVIDE QUALITY WORK FOR YOUR REQUESTED PROJECTS.)

| TYPE: | | | | | | | | |
|-------|----------------------------------|---|-----------------------------|------------------|------------------------------|----------------------------|-------------|--------|
| YEAR | NAME AND LOCATION OF THE PROJECT | NAME, ADDRESS, PHONE & FAX NO. OF THE OWNER | ESTIMATED CONSTRUCTION COST | | DURATION FOR DESIGN (MONTHS) | PRIME FIRM ASSOCIATED WITH | % COMPLETED | |
| | | | ENTIRE PROJECT | YOUR FIRM'S WORK | | | DESIGN | CONST. |
| | | | | | | | | |

Explain firm's individual project assignment, project management structure, project execution (work flow and responsibilities) and quality control process. In the event the spaces provided on this form are not sufficient for entries, or if you wish to furnish additional information, it may be inserted here or on separate sheets, with appropriate references.

Empty space for providing details on project assignment, management structure, execution, and quality control processes.

As of this date _____ the foregoing is a true statement of facts.

| NAME OF FIRM OR INDIVIDUAL SUBMITTING QUESTIONNAIRE | TYPE NAME AND TITLE OF PERSON SIGNING | SIGNATURE |
|---|---------------------------------------|-----------|
| | | |

NOTE: It is to a firm's advantage to maintain its experience record on a current basis. This may be accomplished by periodically forwarding current data to DAGS.

PRINCIPALS ONLY - ADDITIONAL INFORMATION

| | | |
|---------------------------------------|--------------------|-----------------|
| NAME | TITLE AND POSITION | YEARS WITH FIRM |
| MAJOR RESPONSIBILITIES WITH THIS FIRM | | |

PRIOR EMPLOYMENT

(START WITH LATEST EMPLOYMENT PRIOR TO JOINING THIS FIRM AND PROVIDE SIMILAR INFORMATION FOR EACH SEPARATE EMPLOYMENT OR MAJOR CHANGES IN DUTIES WITH THE SAME EMPLOYER.)

| | | | |
|------------------------------|--------------------------------|------------------------------|--------------------------------|
| FIRM: | DATE | FIRM: | DATE |
| | FROM: TO: | | FROM: TO: |
| | | | |
| ADDRESS: | | ADDRESS: | |
| JOB TITLE: | | JOB TITLE: | |
| SUPERVISOR'S NAME AND TITLE: | | SUPERVISOR'S NAME AND TITLE: | |
| MAJOR DUTIES: | | MAJOR DUTIES: | |

| | | | |
|------------------------------|--------------------------------|------------------------------|--------------------------------|
| FIRM: | DATE | FIRM: | DATE |
| | FROM: TO: | | FROM: TO: |
| | | | |
| ADDRESS: | | ADDRESS: | |
| JOB TITLE: | | JOB TITLE: | |
| SUPERVISOR'S NAME AND TITLE: | | SUPERVISOR'S NAME AND TITLE: | |
| MAJOR DUTIES: | | MAJOR DUTIES: | |