

STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS
QUESTIONNAIRE FOR UNMANNED AERIAL VEHICLE SERVICES
PS-21-LDD-005

Submitted by			
(If service provider is a “dba” or a “division” of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed)			
Principal Office Address City, State ZIP			
Branch Offices Cities			
Payment address (if other than address above) Address City, State ZIP			
Service provider is:			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation (State of incorporation: _____)			
Hawaii General Excise Tax License I.D. No.			
Federal I.D. No.			
Remote Pilot Certificate(s) and/or Commercial Pilots License(s)			
Certificate / License No.	Issuer	Expiration	Purpose / Limitations

Contact	
Name	
Office Telephone	
Mobile Telephone	
E-mail Address	

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

_____ Date: _____
Authorized (Original) Signature

Name and Title (Please Type or Print)

SECTION 1: EXPERIENCE

1. How many years has your organization been in business as a UAV operator under your present business name? _____
2. Provide a sampling of UAV projects your organization has completed recently in the following tabulation:

Type of Work	Location	When Completed	Name and Address of Owner

3. Have you ever failed to complete any work awarded to you? If so, state when, where, and why?

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4. Has any officer or partner of your organization in the past five (5) years been an officer or partner of some other organization that failed to complete a contract? If so, state name of individual, other organization, and reason therefore.

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5. Has any officer or partner of your organization in the past five (5) years failed to complete a contract handled in his own name? If so, state name of individual, name of owner, and reason therefore.

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6. For what corporations or individuals in the past five (5) years have you performed work, and to whom do you refer?

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7. For what counties within the State of Hawaii have you performed work and to whom do you refer?

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8. For what Bureaus or Departments of the State government have you performed work and to whom do you refer?

9. Have you performed work for the U. S. Government? If so, when and to whom do you refer?

10. Have you ever performed any work for any other governmental agencies outside the State of Hawaii? If so, when and to whom do you refer?

11. Have you had any accidents or near misses during operation of any aircraft? If so, explain when and the circumstances.

12. What is the UAV experience of the principal individuals of your organization?

Individual's Name	Present Position or Office	Years of Work Experience	Type of Work	In What Capacity?

SECTION 2: EQUIPMENT

What equipment do you own that is available for the proposed work?

Unmanned Aerial Vehicle		
Model/Description	Appx. hours flown in the past year	Capabilities/Features

UAV Accessories / Attachments	
Model/Description	Capabilities/Features

Computer Hardware	
Model/Description	Capabilities/Features

Computer Software	
Model/Description	Capabilities/Features

SECTION 3: ATTACHMENTS

Please attach the following documents:

- Summary of interest and qualifications
- Copy of Operating Procedures
- Copy of Certificate of Liability Insurance
- Any other related information