DATE (Month, Day & Year)

Revised October 1991

FORM DOT-CS-100

CONSULTING ENGINEER QUESTIONNAIRE
DESIGN OFFICE
SUITE 1300, JAMES K. POLK BUILDING
NASHVILLE, TENNESSEE 37243-0348

1. FIRM NAME, HOME OFFICE Street Address & County (show zip code)	B. Mailing Address (show zip code)	C. Telephone D. Fax	E. Person in Charge (PE/RLS/etc.) & Title and Second Contact (PE/RLS/etc.) & Title

F. Established YEAR: STATE:	G. Type of Organization (check one) ☐ Corporation - State in which Chartered: ☐ Partnership ☐ Proprietorship H. Disadvantaged Bus. Enterprise ☐ Yes ☐ No	I. Former Firm Name (s), if any and Year Established

J. Principals of Firm, and Title (list no more than five)	K. Associate Members of Firm, and Title (list no more than five)

FORM DOT-CS-100 (Duplicate blank sheet as necessary.)

2. BRANCH OFFICE Street Address, County, & Zip Code (If outside Tennessee, include nearest branch offices and distance from Tennessee.)	B. Mailing Address (show Zip Code)	C. Telephone & FAX	D. Person in Charge (PE/RLS/etc.) & Title and Second Contact (PE/RLS/etc.) & Title

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3. TYPES OF PROJECTS IN WHICH YOUR FIRM SPECIALIZES ALONG WITH CORRESPONDING KEY PERSONNEL OF FIRM

Indicate types for which you want pre-qualification by entering number in box (1 = greatest interest).

LIST KEY PERSONNEL OF FIRM BY NAME. DISCIPLINE, AND OFFICE IN WHICH STATIONED (all registrations, etc., must be with the State of Tennessee). If you depend on an outside associate or consultant to perform a specialty, show the firm or individual and address.

☐ AERIAL SURVEYS
Requires Photogrammetric Engineer, Civil Engineer with Photogrammetric Experience, or Certified Photogrammetrist.

☐ AIRPORT DESIGN
Requires Professional Civil Engineer (P.E.)

☐ ARCHITECTURE
Requires Registered Architect

☐ BRIDGE / STRUCTURAL DESIGN
Requires Professional Structural Engineer (P.E.)

☐ CADD
Requires files compatible with Intergraph CADD System

HARDWARE –

- ❑ VAX
- ❑ UNIX Workstation
- ❑ PC Workstation

Other _____
_____

Disk Drives:

Size	SSSD	SSDD	DSDD	DSHD	DSED	
5 ¼”						
3 ½”						

Tape Drives:

- ❑ 1600 bits per inch
- ❑ 6250 bits per inch
- ❑ Other_____

SOFTWARE –

Design:

- ❑ Vendor Name_____
- ❑ Software Package_____

Drafting:

- ❑ Vendor Name_____
- ❑ Software Package_____

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☐ CONSTRUCTION ENGINEERING
Requires Professional Civil Engineer Registered in Tennessee (P.E.)

☐ CONSTRUCTION INSPECTION

☐ DRILLING SERVICES
Requires Drilling Technicians and Drilling Equipment

☐ ENVIRONMENTAL SERVICES
Requires Ecologist, Archaeologist, Historian, Biologist, Planner, Noise Analyst, and Air Quality Specialist

(ENVIRONMENTAL SERVICES, continued)

☐ GEO-TECHNICAL ENGINEERING SERVICES
Requires Geologist, Geo-technical Engineer, or Civil Engineer with Geo-technical Experience (P.E.)

☐ LANDSCAPE ARCHITECTURE
Requires Registered Landscape Architect

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☐ LAND SURVEYS
Requires Registered Land Surveyor (R.L.S.)

☐ MASS TRANSIT

☐ RAILROAD DESIGN

☐ ROADWAY DESIGN
Requires Professional Civil Engineer (P.E.)

☐ TESTING / INSTPECTION SERVICES FOR STEEL FABRICATION
Requires American Welding Society Certified Weld Inspector (C.W.I.)

☐ TRAFFIC ENGINEERING STUDIES
Requires Professional Civil Engineer with Traffic Engineering Experience (P.E.)

☐ TRANSPORTATION PLANNING
Requires Professional Civil Engineer with Transportation Planning Experience (P.E.)

☐ TUNNEL DESIGN
Requires Geologist, Geo-technical Engineer, or Civil Engineer with Geo-technical Experience, and (under certain conditions) Professional Structural Engineer (P.E.)

☐ OTHER:_____
Other key personnel (indicate specialty)

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4. NUMBER OF PERSONNEL IN YOUR PRESENT ORGANIZATION
Show personnel under their prime responsibility. If a person has multiple responsibilities, show the secondary ones as numbers in parentheses. Totals should not include the numbers in parentheses.

OFFICE LOCATION (Attach an organizational chart for each office listed showing expertise of crews.)			PRINCIPALS & KEY PERSONNEL			OTHER PERSONNEL (excluding principals & key personnel)										TOTAL PERSONNEL
							CIVIL ENGINEERS										
			ARCHITECTS	ENGINEERS	OTHER	ARCHITECTS		STRUCTURAL	GEOTECHNICAL	OTHER	OTHER ENGINEERS	DRAFTERS	ESTIMATORS	DESIGN TECHNICIANS	SURVEYORS	BALANCE OF PERSONNEL	
	CITY	ST															
A. HOME																	
B. BRANCHES NEAREST TENNESSEE																	
C. TOTAL PERSONNEL OF ALL OTHER BRANCHES																	
D. TOTAL EMPLOYEES																	

E. Total Number of Civil Engineers (including unregistered):

I. Total Number of Registered Professional Civil Engineers:
Those in Tennessee:

F. Total Number of All Personnel Employed by Your Firm at Any Time During Past 5 Years:

J. Total Number of Registered Land Surveyors:
Those in Tennessee:

G. Maximum Strength and Year:

H. Normal Strength:

K. Disclosure Form Filed with Tennessee Architect/Engineer Board? ☐ Yes ☐ No

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6. HISTORY STATEMENT OF RESPONSIBLE PROFESSIONAL PERSONNEL (Duplicate blank sheet as necessary.)

			OFFICE LOCATION (CITY)	
			POSITION	
	Years of experience	Years as principal in this firm	Years as principal in other firms	Years other than principal

C. NAME (Last – First – Middle Initial)				OFFICE LOCATION (CITY)
TITLE				POSITION
DATE OF BIRTH (Month – Day – Year)	Years of experience	Years as principal in this firm	Years as principal in other firms	Years other than principal
EDUCATION (College, Degree, Year, Specialization or Number of Quarter Hours Completed, Major and Years)				
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				
REGISTRATION (Reg. No., Type, e.g. PE, EIT, RLS, Year, State)				

			OFFICE LOCATION (CITY)	
			POSITION	
	Years of experience	Years as principal in this firm	Years as principal in other firms	Years other than principal

D. NAME (Last – First – Middle Initial)				OFFICE LOCATION (CITY)
TITLE				POSITION
DATE OF BIRTH (Month – Day – Year)	Years of experience	Years as principal in this firm	Years as principal in other firms	Years other than principal
EDUCATION (College, Degree, Year, Specialization or Number of Quarter Hours Completed, Major and Years)				
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				
REGISTRATION (Reg. No., Type, e.g. PE, EIT, RLS, Year, State)				

		OFFICE LOCATION (CITY)		
		POSITION		
	Years of experience	Years as principal in this firm	Years as principal in other firms	Years other than principal

C. NAME (Last – First – Middle Initial)				OFFICE LOCATION (CITY)
TITLE				POSITION
DATE OF BIRTH (Month – Day – Year)	Years of experience	Years as principal in this firm	Years as principal in other firms	Years other than principal
EDUCATION (College, Degree, Year, Specialization or Number of Quarter Hours Completed, Major and Years)				
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				
REGISTRATION (Reg. No., Type, e.g. PE, EIT, RLS, Year, State)				

B. NAME (Last – First – Middle Initial)				OFFICE LOCATION (CITY)
				POSITION
	Years of experience	Years as principal in this firm	Years as principal in other firms	Years other than principal

D. NAME (Last – First – Middle Initial)				OFFICE LOCATION (CITY)
TITLE				POSITION
DATE OF BIRTH (Month – Day – Year)	Years of experience	Years as principal in this firm	Years as principal in other firms	Years other than principal
EDUCATION (College, Degree, Year, Specialization or Number of Quarter Hours Completed, Major and Years)				
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				
REGISTRATION (Reg. No., Type, e.g. PE, EIT, RLS, Year, State)				

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8. PRESENT ACTIVITIES FOR WHICH YOUR FIRM HAS PRIME RESPONSIBILITY (Duplicate blank sheet as necessary.)

NAME AND TYPE OF PROJECT	OFFICE IN WHICH WORK WAS DONE (CITY)	LOCATION OF PROJECT	NAME, ADDRESS, AND PHONE NO. OF CLIENT AND PERSON TO CONTACT	Estimated Construction Cost* and Project Length	Estimated Completion Percent

*On Urban Transportation Studies, Indicate cost of study in lieu of construction cost.

TOTAL NUMBER OF PRESENT PROJECTS:	TOTAL ESTIMATED CONSTRUCTION COSTS:

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9. PRESENT ACTIVITIES ON WHICH YOUR FIRM IS ASSOCIATED WITH OTHERS
(Indicate phase of work for which your firm is responsible. Duplicate blank sheet as necessary.)

NAME OF PROJECT AND PHASE OF WORK	LOCATION OF PROJECT	CLIENT	Estimated Constr. Cost & Project Length		PERCENT OF ENTIRE PROJECT COMPLETED		FIRM ASSOCIATED WITH
			ENTIRE PROJECT	Work for which your firm is responsible	DESIGN	FIELD SUPV.	

TOTAL NUMBER OF PRESENT PROJECTS:

TOTAL ESTIMATED CONSTRUCTION COST OF WORK FOR WHICH YOUR FIRM IS RESPONSIBLE:

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10. COMPLETED WORK ON WHICH YOUR FIRM WAS DESIGNATED ARCHITECT OR ENGINEER OR RECORD DURING THE LAST 2 YEARS (Duplicate blank sheet as necessary.)

NAME AND TYPE OF PROJECT	OFFICE IN WHICH WORK WAS DONE (CITY)	LOCATION OF PROJECT	YEAR YOUR WORK COMPLETED	NAME, ADDRESS, AND PHONE NO. OF CLIENT AND PERSON TO CONTACT	ESTIMATED CONSTRUCTION COST * AND PROJECT LENGTH	Construction (Yes or No)

*On Urban Transportation Studies. Indicate cost of study in lieu of construction cost.

TOTAL NUMBER OF COMPLETED PROJECTS:	TOTAL ESTIMATED CONSTRUCTION COSTS:

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11. COMPLETED WORK ON WHICH YOUR FIRM WAS ASSOCIATED WITH OTHER FIRMS DURING THE LAST 2 YEARS
(Indicated phase of work for which your firm was responsible. Duplicate blank sheet as necessary.)

NAME OF PROJECT AND PHASE OF WORK	LOCATION OF PROJECT	NAME, ADDRESS, AND PHONE NO. OF CLIENT AND PERSON TO CONTACT	YEAR YOUR WORK COMPLETED	ESTIMATED CONSTR. COST AND PROJECT LENGTH		CONSTRUCTED (YES OR NO)	FIRM ASSOCIATED WITH
				ENTIRE PROJECT	WORK FOR WHICH YOUR FIRM WAS RESPONSIBLE		

TOTAL NUMBER OF COMPLETED PROJECTS:	TOTAL ESTIMATED CONSTRUCTION COST OF WORK FOR WHICH YOUR FIRM WAS RESPONSIBLE:

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12. OWNERSHIP AND EMPLOYMENT DATA FORM

CATEGORY	TOTAL OWNERS OR EMPLOYEES		TOTAL MINORITIES*		BLACK		ASIAN OR PACIFIC ISLANDER		AMERICAN INDIANS OR ALASKAN NATIVE		HISPANIC	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
OFFICALS AND ADMINISTRATORS												
PROFESSIONAL EMPLOYEES												
TECHNICAL EMPLOYEES												
CLERICAL SUPPORT												
TOTALS												

*Definition of “Minorities” is persons of Black, Hispanic, Asian or Pacific Islander, & American Indian or Native Alaskan ethnic groups.

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

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FINANCIAL STATEMENT - - - - - - - - - - - - -BALANCE SHEET AS OF _____, 19_____
Calendar Year and/or Fiscal Year Ends _____
Audit dates from _____ to _____
_____
Firm Name

ASSETS		LIABILITIES AND NET WORTH	
CURRENT ASSETS		CURRENT LIABILITIES	
Cash:		Judgements & Accounts Payable	
On Hand			
In Banks		Notes Payable	
Certified Checks on Deposit for Bids		(a) To banks for certified checks	
Notes Receivable (Less Discount)		(b) To banks for payrolls	
Accounts Receivable		(c) To material companies	
		(d) To equipment companies	
Stocks and Bonds		(e) To other (exclusive of equipment)	
Inventories		Owing Subcontractors	
Interest Receivable Accrued on		Accrued taxes	
Notes, Securities, etc.		Accrued Salaries & Payrolls	
Life Insurance		Accrued Interest Payable	
Total Current Assets		Total Current Liabilities	
FIXED ASSETS Net Book Value			
Plant and Equipment		Mortgage on Plant Equipment	
Real Estate		Mortgage on Real Estate	
		Other Liabilities	
Total Fixed Assets		Total Fixed & Other Liabilities	
OTHER ASSETS		NET WORTH	
Real Estate - Not used in Business		Individual Partnership	
Land, Bldg., Improvement, etc.		Retained Earnings	
Misc. Assets		Capital Stock	
		Surplus	
Total Other Assets			
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

The Financial Statement above presents fairly the financial position of the subject firm in the noted period, and is based on information subjected to accepted auditing standards and examinations.

_____, _____ of C.P.A. Firm _____
Name Title