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| 2-color seal | State of OklahomaOffice of Management and Enterprise Services **Division of Capital Assets Management** Construction and Properties | Design-Build Registration |

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| Design-Build firms must update their qualification information annually by submitting a current, **unaltered** DCAM/CAP Form A305DB. Failure to provide current information annually will result in the loss of registration status. The current form may be obtained at www.ok.gov/DCS/Construction\_&\_Properties/index.html under “CAP Forms.” |

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| Submit To: | Director  Construction and Properties Department  Division of Capital Assets Management  **Delivery Address:**  2401 N. Lincoln Suite 212 (73105)  **Mailing Address:**  P.O. Box 53448  Oklahoma City, OK. 73152-3448  **Email Address:**  [CAP@omes.ok.gov](mailto:CAP@omes.ok.gov) | The following business entity wishes to register as a Design-Build firm in order to provide Design-Build services to the State of Oklahoma. If selected to provide Design-Build Services, this entity shall be financially responsible for the delivery of all services required by the Contract. |

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| --- | --- | --- | --- | --- |
|  | | |  | Corporation |
| *(Firm Name)* | | |  | Partnership |
|  | | |  | Individual |
| *(Address)* | | |  | Joint Venture |
|  | | |  | L.L.C. |
| *(City, State, Zip+4)* | | |  | L.L.P.C. |
| Principal Office | Yes  No |  |  | L.L.P. |
|  |  | *(EIN/TIN)* |  | Other |

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| --- | --- | --- | --- | --- |
|  | | |  |  |
| *(Website address)* | | | | *(Single Contact Person)* |
|  |  |  |  |  |
| *(Telephone number)* | | *(Fax number)* | | *(Email address of Contact Person)* |

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|  | Design-Build Entity |

* 1. Is your organization? *(Check only one.)*

Builder (Contractor) Led,  Designer (Architect/Engineer) Led,  Integrated Design-Build Firm

* 1. List **all** jurisdictions in which your organization is legally qualified to do business and indicate registration numbers (Business license and/or Design-Builder/Designer/Builder registration numbers).

*Note: Out-of-state firms are required to obtain a Certificate to transact business in the State of Oklahoma. Certificate application may be obtained from the Office of the Secretary of State, 2300 N. Lincoln Blvd., Oklahoma City, OK 73105-4897, www.sos.state.ok.us. Telephone: 405-521-3911.*

* 1. Does your firm employ professional architects and engineers as regular staff members? Yes  No 
     1. If yes, select type(s):

Staff Architects, Staff Engineers,  Other design professionals (list):

* + 1. If representing as Integrated Design-Build firm and responded yes above, provide Oklahoma Certificate of Authority/Board Registration number(s):

*Note: Integrated Design-Build entities may use in-house professional staff or team with architectural and engineering firms for the design component of the Design-Build contract. The Design-Builder will be required to declare their design team when submitting a response to a Request for Qualifications. Architects, engineers and certain other professional persons offering or providing services in Oklahoma must comply with the requirements prescribed by Oklahoma Law and should contact the following agencies for specific requirements: Oklahoma Board of Governors of the Licensed Architects, Landscape Architects and Interior Designers, phone 405-949-2383; State Board of Licensure for Professional Engineers and Land Surveyors, phone 405-521-2874.*

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|  | Organization |

* 1. How many years has your organization been in business?
     1. Total years in business
     2. Years providing construction services
     3. Years providing design services *(Must answer YES to 1.3)*
     4. Years providing Design-Build services
  2. Under what other name (e.g. trade name, fictitious name) or former names has your organization operated and what date durations?

* 1. If your organization is a corporation, answer the following:
     1. Date of incorporation:
     2. State of incorporation:
     3. Corporation is in good standing in state of incorporation: Yes  No
     4. President’s name:
     5. Vice-President’s name:
     6. Secretary’s name:
     7. Treasurer’s name:
  2. If your organization is not a corporation, answer the following:
     1. Date of organization:
     2. Type of organization:
     3. State of organization:
     4. Organization is in good standing in state of organization: Yes  No
     5. Name(s) of officers or principals:
  3. If your organization is individually owned, answer the following:
     1. Date of organization:
     2. Type of owner:
  4. If the form of your organization is other than those listed above, describe it and name the principals:

* 1. Claims and Suits.
     1. Has your organization ever failed to complete any work awarded to it? *(If the answer is yes, please attach details.)* Yes  No
     2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes  No
     3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes  No
  2. Within the last five years, has any other officer or principal of your organization been an officer or principal of another organization when it failed to complete a construction/design contract? *(If the answer is yes, please attach details.)* Yes  No
  3. Experience: Design-Build, past 5 years.

List four (4) major **Design-Build** projects your organization has completed in the past 5 years, giving the name of the project, owner, contract amount and scheduled completion date. Include telephone numbers of owners and contractors.

*For “Type of Project” use one of the following: Residential, Light Commercial, Multi-family, Healthcare, Environmental, Industrial, Commercial, Institutional, or Civil. Add “Renovation” to type if applicable.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Project Name: |  | | |  | Owner: |  |
|  |  |  | | |  | Contact Name: |  |
|  | Type Project: | |  | |  | Contact Telephone: |  |
|  | Size: | | S.F./Arces | |  | Builder: |  |
|  | Contract Amount: | |  | |  | Contact Name: |  |
|  | Completion Date: | |  | |  | Contact Telephone: |  |
|  |  | |  | |  | Designer: |  |
|  |  | |  | |  | Contact Name: |  |
|  | If project is NOT design build, check this box: | | |  |  | Contact Telephone: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Project Name: |  | | |  | Owner: |  |
|  |  | Contact Name: |  |
|  | Type Project: |  | | |  | Contact Telephone: |  |
|  | Size: | | S.F./Arces | |  | Builder: |  |
|  | Contract Amount: | |  | |  | Contact Name: |  |
|  | Completion Date: | |  | |  | Contact Telephone: |  |
|  |  | |  | |  | Designer: |  |
|  |  | |  | |  | Contact Name: |  |
|  | If project is NOT design build, check this box: | | |  |  | Contact Telephone: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Project Name: |  | | |  | Owner: |  |
|  |  | Contact Name: |  |
|  | Type Project: | |  | |  | Contact Telephone: |  |
|  | Size: | | S.F./Arces | |  | Builder: |  |
|  | Contract Amount: | |  | |  | Contact Name: |  |
|  | Completion Date: | |  | |  | Contact Telephone: |  |
|  |  | |  | |  | Designer: |  |
|  |  | |  | |  | Contact Name: |  |
|  | If project is NOT design build, check this box: | | |  |  | Contact Telephone: |  |

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|  | Project Name: |  | |  | Owner: |  |
|  |  | Contact Name: |  |
|  | Type Project: |  | |  | Contact Telephone: |  |
|  | Size: | S.F./Arces | |  | Builder: |  |
|  | Contract Amount: |  | |  | Contact Name: |  |
|  | Completion Date: |  | |  | Contact Telephone: |  |
|  |  |  | |  | Designer: |  |
|  |  |  | |  | Contact Name: |  |
|  | If project is NOT design build, check this box: | |  |  | Contact Telephone: |  |

* + 1. Provide average annual amount of all construction work performed during the past five years: $
  1. Experience: Builder key personnel. List the construction experience and present commitments of the key individuals of your organization. (Do **not** attach other documents, please utilize format indicated below.)

*Format: John Doe, Proj.Mgr., 20yrs. of Construction, 12yrs. w/co., 8yrs. as Proj.Mgr., 30+ DB Projects w/co., 1 Active DB project*

* 1. Experience: Designer Key Personnel. List the experience and present commitments of the key individuals of your organization. (Do **not** attach other documents, please utilize format indicated below.) *(Must answer YES to 1.3)*

*Format: Jane Smith, AIA, Design Mgr., 12yrs. as Architect, 12yrs. w/co., 2yrs. as Design Mgr., 20+ DB Projects w/co., 2 Active DB projects*

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|  | References: |

* 1. Trade references:
  2. Bank References:
  3. Surety
     1. Name of Design-Builder bonding company:

* + 1. Name and address of agent:

* + 1. Attach a letter from the bonding company listed above stating the aggregate and single project limit for the Design-Build entity.

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|  | Financial Strength of Design-Build Entity: |

* 1. By checking below, the applicant acknowledges that the award of any contract for Design-Build Services is contingent on the applicant’s financial strength and ability to perform the required work-at-risk. Further, the applicant understands that any specific Request for Qualifications issued by the State of Oklahoma may require the applicant to provide a financial statement as a condition of participation.

Applicant agrees  Applicant does not agree

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|  | Signature: |

* 1. The undersigned, being duly authorize to sign on behalf of the organization named herein, certifies that the contents of the application and each supporting document are true to the best of my knowledge and sufficiently complete as not to be misleading.

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| *(Authorized Representative Printed Name)* | | | | | | |
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| *(Authorized Representative Signature)* | | | | | | |
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|  | | | | | | |
| *(Authorized Representative Title)* | | | | | | |
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|  | | | | | | |
| *(Date)* | | | | | | |
| This instrument was acknowledged before me on | | | | |  | | | day of | |  | | , 20 |  |
|  | | | | | | | | | | | | | |
| by |  | | as |  | | | | | of |  | | | |
|  | *(Authorized Representative Name)* | |  | *(Type of Authority)* | | | | |  | *(Design-Build entity)* | | | |
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|  | | | | | | | |
| *(Signature of notarial officer)* | | | | | | | |
|  | | | | | | | |
| My Commission Expires: | | | | |  | | |
| *(Seal)* | | | | My Commission #: | | | | |  | | |