



Both Construction Management and Design-Build firms must update their Registration forms annually by submitting a current, unaltered CAP Form A305 *Construction Manager (CM) / Design-Builder (DB) Registration*. Failure to provide current information will result in the loss of registration status. The current form may be obtained at <https://omes.ok.gov/services/construction-and-properties> following the right-hand "Forms Search" link.

DATED this _____ day of _____ in the year **20** ____.

SUBMITTED TO OWNER:

State of Oklahoma
OMES/CAM/DRES Construction and Properties
P.O. Box 53448
Oklahoma City, OK 73152-3448
cap@omes.ok.gov

REGISTRATION FOR:

The submitting firm wishes to register for the following registration:

in order to provide said services. If selected to provide services, the firm shall be financially responsible for the delivery of all services required by the Contract.

SUBMITTED BY:

(Company Name)

(City, State ZIP)

(Address)

(Single POC Email)

(Telephone Number)

Principal Office: ☐ Yes ☐ No

☐ Corporation ☐ Partnership ☐ Individual ☐ Joint Venture ☐ LLC ☐ LLP ☐ LLPC ☐ Other (EIN/TIN Number) _____

Type of Qualifications.

What certification(s) does your firm or employee(s) hold? [Must provide copy of Certification Certificate from source(s)]

☐ Certified Construction Manager
Construction Management Association of America

☐ Designated Design-Build Professional
Design-Build Institute of America

☐ Certified Professional Constructor
American Institute of Constructors

☐ Certified Construction Contract Administrator
Construction Specifications Institute

☐ Certified Cost Professional
Association for the Advancement of Cost Engineering (AACE Int'l)

☐ Certified Estimating Professional
Association for the Advancement of Cost Engineering (AACE Int'l)

☐ Certified Professional Estimator
American Society for Professional Estimator

☐ _____

Note: The Oklahoma Board of Licensed Architects, Landscape Architect and Registered Interior Designers policy declaration of August 23, 2011 prohibits an Architect or Landscape Architect from serving as both the Architect/Landscape Architect and Construction Manager on a public project (s)he/it has designed, as a conflict of interest (OAC 55:10:11-4)

1.0 Provided Services.

1.1. What is your organization type for the purposes of this registration endeavor?

☐ Construction Management ☐ Design-Build: (Select single type below)
☐ Builder Led, ☐ Designer Led, or ☐ Integrated Design-Builder

1.2. If as a Design-Build firm, does your firm employ design professionals for the purpose of acting as an Integrated Design-Builder and providing professional design services during project delivery? Yes ☐ No ☐

1.2.1. If yes, select type(s)

☐ Staff Architects, ☐ Staff Engineers, ☐ Other design professionals: _____

1.3. If as an Integrated Design-Build firm, 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. Design Professionals offering or providing services in Oklahoma must comply with the requirements prescribed by Oklahoma Law and should contact the respective agency for specific requirements: Oklahoma Board of Licensed Architects, Landscape Architects and Interior Designers, phone <https://www.ok.gov/architects/>; Oklahoma State Board of Licensure for Professional Engineers and Land Surveyors, <https://www.ok.gov/pels/>.

2.0 Organization.

2.1. How many years has your organization been in business?

2.1.1. How many years providing construction services? _____

2.1.2. How many years providing construction management services? _____

2.1.3. How many years providing design services (must be integrated DB)? _____

2.1.4. How many years providing design-build services? _____

- 2.2. How many years has your organization been in business under its present business name? _____
- 2.2.1. Under what other (e.g. trade name, fictitious name) or former names has your organization operated? _____
- 2.3. If your organization is a corporation, answer the following:
- 2.3.1. Corporation is in good standing in state of incorporation: Yes ☐ No ☐
- 2.3.2. Date of incorporation: _____
- 2.3.3. State of incorporation: _____
- 2.3.4. President's name: _____
- 2.3.5. Vice-president's name(s): _____
- 2.3.6. Secretary's name: _____
- 2.3.7. Treasurer's name: _____
- 2.4. If your organization is a partnership, answer the following:
- 2.4.1. Partnership is in good standing in state of organization: Yes ☐ No ☐
- 2.4.2. Date of organization: _____
- 2.4.3. Type of partnership, if applicable: _____
- 2.4.4. Name(s) of general partner(s): _____
- 2.5. If your organization is individually owned, answer the following:
- 2.5.1. Organization is in good standing in state of organization: Yes ☐ No ☐
- 2.5.2. Date of organization: _____
- 2.5.3. Name of owner: _____
- 2.6. If your organization is other than those listed above, describe it and name the principals: _____

3.0 Licensing.

- 3.1. List jurisdiction and trade categories in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable: _____
- 3.2. List jurisdictions in which your organization's partnership or trade name is filed: _____

(Out of state firms are required to obtain a Certificate of Authority to transact business in the State of Oklahoma. Certificate applications may be obtained from the Office of the Secretary of State <https://www.sos.ok.gov/>. An out of state firm who is the apparent low bidder on State work, will be required to obtain the Certificate of Authority before a contract is awarded and executed.)

4.0 Experience.

- 4.1. List the categories of work that your organization normally performs with its own forces: _____
- 4.2. **Claims and Suits.** *(if the answer to any of the questions below is yes, attach details.)*
- 4.2.1. Has your organization ever failed to complete any work awarded to it? Yes ☐ No ☐
- 4.2.2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes ☐ No ☐
- 4.2.3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes ☐ No ☐
- 4.3. Within the last five (5) year, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? Yes ☐ *(if the answer is yes, attach details)* No ☐

4.4. List five (5) major construction projects your organization has in progress, giving the name of project, owner, design professional, project type, contract amount, percent complete, scheduled completion date and delivery method.

(Project Type must be one of the following: Residential, Light Commercial, Multi-family, Healthcare, Environmental, Industrial, Commercial, Institutional or Civil. If Project is renovation, say so in Project Name)

4.4.1. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Percent Complete) (Owner Email and/or Telephone Number)

(Scheduled Completion Date) (Design Professional Organization)

(Delivery Method) (Design Professional Contact)

(Design Professional Email and/or Telephone Number)

4.4.2. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Percent Complete) (Owner Email and/or Telephone Number)

(Scheduled Completion Date) (Design Professional Organization)

(Delivery Method) (Design Professional Contact)

(Design Professional Email and/or Telephone Number)

4.4.3. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Percent Complete) (Owner Email and/or Telephone Number)

(Scheduled Completion Date) (Design Professional Organization)

(Delivery Method) (Design Professional Contact)

(Design Professional Email and/or Telephone Number)

4.4.4. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Percent Complete) (Owner Email and/or Telephone Number)

(Scheduled Completion Date) (Design Professional Organization)

(Delivery Method) (Design Professional Contact)

(Design Professional Email and/or Telephone Number)

4.4.5. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

<hr/> (Percent Complete)	<hr/> (Owner Email and/or Telephone Number)
<hr/> (Scheduled Completion Date)	<hr/> (Design Professional Organization)
<hr/> (Delivery Method)	<hr/> (Design Professional Contact)
	<hr/> (Design Professional Email and/or Telephone Number)

4.4.6. State total worth of work in progress and under contract:

Construction Management -

Design-Build -

- 4.5.** List five (5) major projects your organization has completed in the past five (5) years, giving the name of the project, owner, design professional, project type, contract amount, days over or under Contract completion date, date of completion, delivery method and percentage of the cost of work performed with your own forces. *(Project Type must be one of the following: Residential, Light Commercial, Multi-family, Healthcare, Environmental, Industrial, Commercial, Institutional or Civil. If Project is renovation, say so in Project Name)*

4.5.1. Project Name:

<hr/> (Project Type)	<hr/> (Owner Organization)
<hr/> (Contract Amount)	<hr/> (Owner Contact)
<hr/> (Days over/ under Contract Completion Date)	<hr/> (Owner Email and/or Telephone Number)
<hr/> (Completion Date)	<hr/> (Design Professional Organization)
<hr/> (Delivery Method)	<hr/> (Design Professional Contact)
<hr/> (Percentage of Cost of Work by Own Forces)	<hr/> (Design Professional Email and/or Telephone Number)

4.5.2. Project Name:

<hr/> (Project Type)	<hr/> (Owner Organization)
<hr/> (Contract Amount)	<hr/> (Owner Contact)
<hr/> (Days over/ under Contract Completion Date)	<hr/> (Owner Email and/or Telephone Number)
<hr/> (Completion Date)	<hr/> (Design Professional Organization)
<hr/> (Delivery Method)	<hr/> (Design Professional Contact)
<hr/> (Percentage of Cost of Work by Own Forces)	<hr/> (Design Professional Email and/or Telephone Number)

4.5.3. Project Name:

<hr/> (Project Type)	<hr/> (Owner Organization)
<hr/> (Contract Amount)	<hr/> (Owner Contact)
<hr/> (Days over/ under Contract Completion Date)	<hr/> (Owner Email and/or Telephone Number)
<hr/> (Completion Date)	<hr/> (Design Professional Organization)
<hr/> (Delivery Method)	<hr/> (Design Professional Contact)
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4.5.4. Project Name:

<hr/> (Project Type)	<hr/> (Owner Organization)
<hr/> (Contract Amount)	<hr/> (Owner Contact)
<hr/> (Days over/ under Contract Completion Date)	<hr/> (Owner Email and/or Telephone Number)
<hr/> (Completion Date)	<hr/> (Design Professional Organization)

<hr/> <i>(Delivery Method)</i>	<hr/> <i>(Design Professional Contact)</i>
<hr/> <i>(Percentage of Cost of Work by Own Forces)</i>	<hr/> <i>(Design Professional Email and/or Telephone Number)</i>
4.5.5. Project Name: _____	
<hr/> <i>(Project Type)</i>	<hr/> <i>(Owner Organization)</i>
<hr/> <i>(Contract Amount)</i>	<hr/> <i>(Owner Contact)</i>
<hr/> <i>(Days over/ under Contract Completion Date)</i>	<hr/> <i>(Owner Email and/or Telephone Number)</i>
<hr/> <i>(Completion Date)</i>	<hr/> <i>(Design Professional Organization)</i>
<hr/> <i>(Delivery Method)</i>	<hr/> <i>(Design Professional Contact)</i>
<hr/> <i>(Percentage of Cost of Work by Own Forces)</i>	<hr/> <i>(Design Professional Email and/or Telephone Number)</i>

4.5.6. State average annual amount of construction work performed during the past five (5) years:

Construction Management - _____ Design-Build - _____

- 4.6. List the construction experience and present commitments of key individuals of your organization:**
(Format: John Doe, PMI, Proj.Mgr.; 10 yrs. as Super., 20yrs. as PM; 30yrs. w/co; 100+ GC & CM projects w/co.; 2 active CM projects.)

- 4.7. As a Design-Builder, list the design experience and present commitments of key individuals of your organization:**
(Format: Jane Smith, AIA, Design Mgr.; 12yrs. as Architect, 12yrs. w/co., 20+ DB Projects w/co., 2 active DB projects)

5.0 Organizations - References.

5.1. Trade References:

5.2. Bank References:

5.3. Surety.

5.3.1. Name of bonding company: _____

5.3.2. Name, address and email of agent:

5.3.3. Attach a letter from the bonding company listed above stating the aggregate and single project limit for the Construction Management organization.

6.0 Financial Strength of Firm.

6.1. By checking below, the undersigned acknowledges that the award of any contract for services is contingent on the firm's financial strength and ability to perform the required work at risk. Further, the registrant understands that any specific Request for Letters of Interest and/or Request for Qualifications issued by the State of Oklahoma may require the registrant to provide a financial statement as a condition of participation.

Registrant Agrees ☐ Registrant does not agree ☐

7.0 Signature.

7.1. The undersigned, being duly authorized to sign on behalf of the organization named herein, does swear or affirm, under penalty of perjury, that the contents of this Qualification Statement, and each supporting document, are true and sufficiently complete so as not to be misleading as so dated above.

REGISTRANT (Construction Manager/Design-Builder):

(Authorized Representative Signature) (Date Signed)

(Authorized Representative Printed Name)

(Authorized Representative Printed Title)