

**WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
OSR CONSULTANT QUALIFICATION QUESTIONNAIRE**

Attachment "B"

PROJECT NAME	DATE (DAY, MONTH, YER)	FEIN NUMBER
1.FIRM NAME	2.HOME OFFICE BUSINESS ADDRESS	3.FORMER FIRM NAME
4.HOME OFFICE TELEPHONE	5.ESTABLISHED (YEAR)	6.TYPE OWNERSHIP
	INDIVIDUAL CORPORATION	6A.WV REGISTERED DBE (Disadvantaged Business Enterprise)
	PARTNERSHIP JOINT-VENTURE	YES NO
7. PRIMARY OSR DESIGN OFFICE: ADDRESS/TELEPHONE /PERSON IN CHARGE/ NO. OSR DESIGN PERSONNEL EACH OFFICE		
8. PRINCIPAL OFFICERS OR MEMBER OF FIRM		8A. NAME, TITLE, & TELEPHONE – OTHER PRINCIPALS
9. PERSONNEL BY DISCIPLINE		
<input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> ARCHITECHS <input type="checkbox"/> BIOLOGISTS <input type="checkbox"/> CADD OPERATORS <input type="checkbox"/> CHEMICAL ENGINEERS <input type="checkbox"/> CIVIL ENGINEERS <input type="checkbox"/> CONSTRUCTION INSPECTORS <input type="checkbox"/> DESIGNERS <input type="checkbox"/> DRAFTSMEN	<input type="checkbox"/> ECOLOGISTS <input type="checkbox"/> ECONOMISTS <input type="checkbox"/> ELECTRICAL ENGINEERS <input type="checkbox"/> ENVIRONMENTALISTS <input type="checkbox"/> ESTIMATORS <input type="checkbox"/> GEOLOGISTS <input type="checkbox"/> HISTORIANS <input type="checkbox"/> HYDROLOGISTS	<input type="checkbox"/> LANDSCAPE ARCHITTECTS <input type="checkbox"/> MECHANICAL ENGINEERS <input type="checkbox"/> MINING ENGINEERS <input type="checkbox"/> PHOTOGRAMMETRISTS <input type="checkbox"/> PLANNERS: URBAN REGIONAL <input type="checkbox"/> SANITARY ENGINEERS <input type="checkbox"/> SOILS ENGINEERS <input type="checkbox"/> SPECIFICATION WRITERS <input type="checkbox"/> STRUCTURAL ENGINEERS <input type="checkbox"/> SURVEYORS <input type="checkbox"/> TRAFFIC ENGINEERS <input type="checkbox"/> OTHER <input type="checkbox"/> TOTAL PERSONNEL
TOTAL NUMBER OF WV REGISTERDD PROFESSIONAL ENGINEERS IN PRIMARY OFFICE: _____ *RPEs other than Civil and Mining must provide supporting documentation that qualifies them to supervise and perform this type of work.		
10. HAS THIS JOINT-VENTURE WORKED TOGETHER BEFORE? YES NO		

11. OUTSIDE KEY CONSULTANTS/SUBCONSULTANTS ANTICIPATED TO BE USED. Attach OSR "Consultant Qualification Questionnaire "

NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE _____ YES _____ NO
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE _____ YES _____ NO
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NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE _____ YES _____ NO
NAME AND ADDRESS:	SPECIALTY:	WORKED WITH BEFORE _____ YES _____ NO

12. A. Is your firm experienced in Special Reclamation remediation/ Mine Reclamation Engineering?

YES Description and number of projects: _____

NO

B. Is your firm experienced in soil analysis and coal refuse analyses?

YES Description and number of projects: _____

NO

C. Is your firm experienced in hydrology and hydraulics for handling mine water discharges on mining sites?

YES Description and number of projects: _____

NO

D. Does your firm produce its own aerial photography and development of contour mapping?

YES Description and number of projects: _____

NO

E. Is your firm experienced in design of highwall elimination, grading and material handling plans for land reclamation?

YES Description and Number of Projects: _____

NO

13. PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES RESPONSIBLE FOR OSR PROJECT DESIGN (Furnish complete date but keep to essentials)

NAME & TITLE (Last, First, MI)	YEARS OF EXPERIENCE	
	YEARS OF OSR DESIGN EXPERIENCE	YEARS OF OSR RELATED DESIGN EXPERIENCE

Brief explanation of responsibilities

EDUCATION (Degree, year, specialization)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS	REGISTRATION (Type, year, state)
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15. CURRENT ACTIVITIES ON WHICH YOUR FIRM IS THE DESIGNATED ENGINEER OF RECORD

PROJECT NAME, TYPE & LOCATION	NAME & ADDRESS OF OWNER	NATURE OF YOUR FIRM'S RESPONSIBILITY	ESTIMATED CONSTRUCTION COST	PERCENT COMPLETE

TOTAL NUMBER OF PROJECTS:

TOTAL ESTIMATED CONSTRUCTION COSTS: \$

18. COMPLETED WORK WITHIN LAST 5 YEARS ON WHICH YOUR FIRM HAS BEEN A SUB-CONSULTANT TO OTHER FIRMS (INDICATE PHASE OF WORK WHICH YOUR FIRM WAS RESPONSIBLE)

PROJECT NAME, TYPE & LOCATION	NAME & ADDRESS OF OWNER	ESTIMATED CONSTRUCTION COST OF YOUR FIRM'S PORTION	YEAR	CONSTRUCTED (YES OR NO)	FIRM ASSOCIATED WITH

19. Use this space to provide any additional information or description of resources supporting your firm's qualifications to perform work for the West Virginia Office of Special Reclamation.

20. The foregoing is a statement of facts

Signature: _____ Title:

Printed Name: _____

Date: _____

