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| **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  PARTNERSHIP JOINT-VENTURE | | | | | | | | | | 6A.WV REGISTERED DBE  (Disadvantaged Business Enterprise)  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  \_\_ ADMINISTRATIVE \_\_ECOLOGISTS \_\_LANDSCAPE ARCHITTECTS \_\_ STRUCTURAL ENGINEERS  \_\_ ARCHITECHS \_\_ ECONOMISTS \_\_ MECHANICAL ENGINEERS \_\_ **SURVEYORS**  \_\_ **BIOLOGISTS** \_\_ ELECTRICAL ENGINEERS \_\_ **MINING ENGINEERS**  \_\_ TRAFFIC ENGINEERS  \_\_ **CADD OPERATORS** \_\_ ENVIRONMENTALISTS \_\_ PHOTOGRAMMETRISTS \_\_ OTHER  \_\_ CHEMICAL ENGINEERS \_\_ ESTIMATORS \_\_ PLANNERS: URBAN REGIONAL  \_\_ **CIVIL ENGINEERS** \_\_ **GEOLOGISTS** \_\_ SANITARY ENGINEERS  \_\_ CONSTRUCTION INSPECTORS \_\_ HISTORIANS \_\_ SOILS ENGINEERS  \_\_ DESIGNERS \_\_ HYDROLOGISTS \_\_ SPECIFICATION \_\_\_\_ TOTAL PERSONNEL  \_\_ DRAFTSMEN WRITERS  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 | | | | | | | |
| NAME AND ADDRESS: | | | | | | SPECIALTY: | | | | | | | | | | | WORKED WITH BEFORE  \_\_\_\_\_\_\_ YES  \_\_\_\_\_\_\_ NO | | | | | | | |
| NAME AND ADDRESS: | | | | | | SPECIALTY: | | | | | | | | | | | WORKED WITH BEFORE  \_\_\_\_\_\_\_ YES  \_\_\_\_\_\_\_ NO | | | | | | | |
| NAME AND ADDRESS: | | | | | | SPECIALTY: | | | | | | | | | | | WORKED WITH BEFORE  \_\_\_\_\_\_\_ YES  \_\_\_\_\_\_\_ NO | | | | | | | |
| 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 Acid Mine Drainage water treatment and remediation?  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 for development of contour mapping and have your own surveying crew?  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) | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| 14. PROVIDE A LIST OF SOFTWARE AND EQUIPMENT AVAILABLE IN THE PRIMARY OFFICE WHICH WILL BE USED TO COMPLETE OSR DESIGN SERVICES | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | | |
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| TOTAL NUMBER OF PROJECTS: | | | | | | | | | | | | TOTAL ESTIMATED CONSTRUCTION COSTS: $ | | | | | | | | | | | | |
| 16. CURRENT ACTIVITIES ON WHICH YOUR FIRM IS SERVING AS A SUBCONSULTANT TO OTHERS | | | | | | | | | | | | | | | | | | | | | | | | |
| PROJECT NAME, TYPE & LOCATION | NATURE OF FIRMS RESPONSIBILITY | | | | | NAME & ADDRESS OF OWNER | | | | | | | ESTIMATED COMPLETION DATE | | | | ESTIMATED CONSTRUCTION COST | | | | | | | |
| ENTIRE PROJECT | | | | | | YOUR FIRMS RESPONSIBILITY | |
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| 17. COMPLETED WORK WITH IN LAST 5 YEARS ON WHICH YOUR FIRM WAS THE DESIGNATED ENGINEER OF RECORD | | | | | | | | | | | | | | | | | | | | | | | | |
| PROJECT NAME, TYPE & LOCATION | | | | NAME & ADDRESS OF OWNER | | | | | | ESIMATED CONSTRUCTION COST | | | | | | | | | | YEAR | | | | CONSTRUCTED (YES OR NO) |
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| 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 | | |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |