

**Statement Of Qualifications
Supplemental Questionnaire**

Company Name: _____ **Date:** _____

Services (Place a check next to any service that your company can provide):

- | | |
|--|---|
| <input type="checkbox"/> Aerial Photography & Mapping | <input type="checkbox"/> Hydrogeology |
| <input type="checkbox"/> Architectural Services | <input type="checkbox"/> Land Surveying |
| <input type="checkbox"/> Capital Facilities Planning | <input type="checkbox"/> Landscape Architectural Services |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Land Use Planning |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Environmental Engineering | <input type="checkbox"/> Public Involvement & Education |
| <input type="checkbox"/> Environmental Planning & Permitting | <input type="checkbox"/> Real Estate Appraisal |
| <input type="checkbox"/> GIS | <input type="checkbox"/> ROW Consultation |
| <input type="checkbox"/> Geologic Surveying & Engineering | <input type="checkbox"/> Structural Engineering |
| <input type="checkbox"/> Geotechnical Engineering/Testing | <input type="checkbox"/> Transportation Engineering & Transportation Planning |

Questions:

1. Has your firm completed any work where pay has been via federal funds?
 Yes No

2. Does your company have an audited Indirect Cost Rate through WSDOT?
 Yes No

Supplemental Form Completed By:

Print Name

Title

Signature