



**CONSULTANT INFORMATION FORM**

**COMPANY INFORMATION**

**MAILING ADDRESS**

Company Name:		FEI #	
Address:	City:	State:	Zip:
Company Headquarters Address, If Different	City:	State:	Zip:

**DISADVANTAGED BUSINESS ENTERPRISE**

If your company is an **ODOT certified DBE**, check type of DBE below:

<input type="checkbox"/> Black Male – BM	<input type="checkbox"/> Native Male – NM	<input type="checkbox"/> Asian Indian Male – AIM
<input type="checkbox"/> Black Female – BF	<input type="checkbox"/> Native Female – NF	<input type="checkbox"/> Asian Indian Female - AIF
<input type="checkbox"/> Hispanic Male – HM	<input type="checkbox"/> Asian Pacific Male – APM	<input type="checkbox"/> White Female - WF
<input type="checkbox"/> Hispanic Female - HF	<input type="checkbox"/> Asian Pacific Female - APF	

**CONSULTANT SERVICES**

**Check each service your company provides:**

<input type="checkbox"/> Feasibility Study	<input type="checkbox"/> Survey	<input type="checkbox"/> Construction Inspection
<input type="checkbox"/> Operational Analysis	<input type="checkbox"/> Geo-tech – Bridge	<input type="checkbox"/> Construction Management
<input type="checkbox"/> Environmental Study	<input type="checkbox"/> Geo-tech - Roadway	<input type="checkbox"/> Bridge Painting
<input type="checkbox"/> Aesthetics Study	<input type="checkbox"/> Hydrology/Hydraulics	<input type="checkbox"/> Bridge Inspection
<input type="checkbox"/> Alignment Study	<input type="checkbox"/> Bridge Design	<input type="checkbox"/> Underwater Bridge Inspection
<input type="checkbox"/> Traffic Study	<input type="checkbox"/> Roadway Design	<input type="checkbox"/> Fracture Critical
<input type="checkbox"/> Conceptual Plans	<input type="checkbox"/> Right-of-Way (Plans & All Services)	<input type="checkbox"/> Signing, Signals, Illumin & ITS
<input type="checkbox"/> Functional Plans	<input type="checkbox"/> Railroad Services	<input type="checkbox"/> Other _____

**PRIME CONTACT PERSON**

Contact Name	Phone No.	E-Mail	Receive Solicitation?	DBE Liaison (only check one)
			<input type="checkbox"/>	<input type="checkbox"/>

**SECONDARY CONTACT PERSON(S)**

			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ *Please submit to Project Management*