

NEW JERSEY TURNPIKE AUTHORITY

Request for Prequalification

Service Group _____

Specialty Field Profile Code _____ Title _____

Date ___/___/___

Firm Name:

Address:

Contact Person:

Tel. No.

Credentials

Name of individual in charge of that section of the firm which provides the services in the specialty field for which prequalification is requested:

Number of active employees who qualify as specialists in the field by virtue of education, training, membership in professional organizations and experience:

Historical Record

On separate pages attached to this form, and in the format below indicated, furnish information on a project basis relating to previous experience in the specialty field (profile code) requested. For the experience to be credited, the date of award of the engineering agreement for each project cited must be within ten years of the application date.

- A. Project Title/Description:
- B. Name of individual in responsible charge of supplying services:
- C. Client (Agency):
Contact Person Name:
Tel. No.
- D. Describe specific services furnished for the project in the specialty field for which prequalification is requested:
- E. Amount of fee for the services relating to the specialty field:
- F. Date when project was awarded:
- G. Current progress status (% Complete):