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| 2-color seal | State of OklahomaOffice of Management and Enterprise Services**Division of Capital Assets Management****Construction and Properties** | Construction Manager Registration |

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| Construction Management firms must update their qualification information annually by submitting a current, **unaltered** DCAM/CAP Form A305CM. Failure to provide current information annually will result in the loss of registration status. The current form may be obtained at www.ok.gov/DCS/Construction\_&\_Properties/index.html under “CAP Forms.” |

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| Submit To: | DirectorConstruction and Properties DepartmentDivision of Capital Assets Management**Delivery Address:**2401 N. Lincoln Suite 212 (73105)**Mailing Address:**P.O. Box 53448Oklahoma City, OK. 73152-3448**Email Address:**CAP@omes.ok.gov | The following business entity wishes to register as a Construction Management firm in order to provide construction management services to the State of Oklahoma. If selected to provide Construction Management Services, this entity shall be financially responsible for the delivery of all services required by the Contract. |

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|       |  | **[ ]** Corporation |
| *(Firm Name)* |  | **[ ]** Partnership |
|       |  | **[ ]** Individual |
| *(Address)* |  | **[ ]** Joint Venture |
|       |  | **[ ]** L.L.C. |
| *(City, State, Zip+4)* |  | **[ ]**  L.L.P.C. |
| Principal Office | [ ]  Yes [ ]  No |       |  | **[ ]** L.L.P. |
|  |  | *(EIN/TIN)* |  | [ ]  Other |

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|       |  |       |
| *(Website address)* | *(Single Contact Person)* |
|       |  |       |  |       |
| *(Telephone number)* | *(Fax number)* | *(Email address of Contact Person)* |

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| 1. Construction Management Entity:
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* 1. What certification(s) does your firm or employee(s) hold? [Must provide a copy of the certification certificate from source(s)].

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| **[ ]**  | **Certified Construction Manager**Construction Management Association of America | **[ ]**  | **Certified Professional Constructor**American Institute of Constructors |
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| **[ ]**  | **Certified Cost Engineer**Association For The Advancement of Cost Engineering | **[ ]**  | **Certified Construction Contract Administrator**Construction Specifications Institute |
|  |  |  |  |
| **[ ]**  | **Certified Cost Consultant**Association for the Advancement of Cost Engineering | **[ ]**  | **Designated Design-Build Professional**Design-Build Institute of America |
|  |  |  |  |
| **[ ]**  | **Certified Professional Estimator**American Society for Professional Estimator | **[ ]**  | **Other Certification Source:**Pre-approval required from the Director |
| *Note: The Board of Governors of the Licensed Architects, Landscape Architects and Registered Interior Designers of Oklahoma policy declaration of August 23, 2011 prohibits an Architect or Landscape Architect from serving as both the Architect, Landscape Architect and Construction Manager on a public project he/she/it has designed, as it is a conflict of interest (OAC 55:10:11-4(b))* |

* 1. List jurisdiction and trade categories in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable.

* 1. List jurisdictions in which your organization’s fictitious name or trade name is filed.

*Note: Out-of-state firms are required to obtain a Certificate to transact business in the State of Oklahoma. Certificate application may be obtained from the Office of the Secretary of State, 2300 N. Lincoln Blvd., Oklahoma City, OK 73105-4897, www.sos.state.ok.us. Telephone: 405-521-3911.*

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| 1. Organization:
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* 1. How many years has your organization been in business as a Construction Manager?     Years.
	2. How many years has your organization been in business under its present business name?     Years.
		1. Under what other name (e.g. trade name, fictitious name) or former names has your organization operated?

* 1. If your organization is a corporation, answer the following:
		1. Date of incorporation:
		2. State of incorporation:
		3. Corporation is in good standing in state of incorporation: Yes **[ ]**  No **[ ]**
		4. President’s name:
		5. Vice-president’s name:
		6. Secretary’s name:
		7. Treasurer’s name:
	2. If your organization is not a corporation, answer the following:
		1. Date of organization:
		2. Type of organization:
		3. State of organization:
		4. Organization is in good standing in state of organization: Yes **[ ]**  No **[ ]**
		5. Name(s) of officers or principals:

* 1. If your organization is individually owned, answer the following:
		1. Date of organization:
		2. Type of owner:
	2. If the form of your organization is other than those listed above, describe it and name the principals:

* 1. List the categories of work that your organization normally performs with its own forces.

* 1. Claims and Suits.
		1. Has your organization ever failed to complete any work awarded to it? *(If the answer is yes, please attach details.)*  Yes **[ ]**  No **[ ]**
		2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes **[ ]**  No **[ ]**
		3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes **[ ]**  No **[ ]**
	2. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? *(If the answer is yes, please attach details.)* Yes **[ ]**  No **[ ]**
	3. Experience: Current Projects:

List five (5) major construction projects your organization has in progress, giving the name of the project, owner, architect, contract amount and scheduled completion date. Include telephone numbers of owners and architects.

*For “Type of Project” use one of the following: Residential, Light Commercial, Multi-family, Healthcare, Environmental, Industrial, Commercial, Institutional, or Civil. Add “Renovation” to type if applicable.*

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| **2.10.1** | Project Name: |       |  | Owner: |       |
|  |  |  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |

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| **2.10.2** | Project Name: |       |  | Owner: |       |
|  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |

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| **2.10.3** | Project Name: |       |  | Owner: |       |
|  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |

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| **2.10.4** | Project Name: |       |  | Owner: |       |
|  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |

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| **2.10.5** | Project Name: |       |  | Owner: |       |
|  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |

* 1. Experience Past Five Years:

List five (5) major projects your organization has completed in the past five (5) years, giving the name of the project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces. Include telephone numbers of owners and architects.

*For “Type of Project” use one of the following: Residential, Light Commercial, Multi-family, Healthcare, Environmental, Industrial, Commercial, Institutional, or Civil. Add “Renovation” to type if applicable.*

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| **2.11.1** | Project Name: |       |  | Owner: |       |
|  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |
|  | Percent of Work performed with Own forces: |    % |  |  |  |

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| **2.11.2** | Project Name: |       |  | Owner: |       |
|  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |
|  | Percent of Work performed with Own forces: |    % |  |  |  |

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| **2.11.3** | Project Name: |       |  | Owner: |       |
|  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |
|  | Percent of Work performed with Own forces: |    % |  |  |  |

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| **2.11.4** | Project Name: |       |  | Owner: |       |
|  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |
|  | Percent of Work performed with Own forces: |    % |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **2.11.5** | Project Name: |       |  | Owner: |       |
|  |  |  Contact Name: |       |
|  | Type Project: |       |  |  Contact Telephone: |       |
|  | Size: |       S.F./Arces |  | Designer: |       |
|  | Contract Amount: |       |  |  Contact Name: |       |
|  | Completion Date: |       |  |  Contact Telephone: |       |
|  | Percent of Work performed with Own forces: |    % |  |  |  |

* + 1. Provide average annual amount of construction work performed during the past five years: $
	1. Experience Key Personnel: List the construction experience and present commitments of the key individuals of your organization. (Do **not** attach other documents, please utilize format indicated below.)

*Example: John Doe, Project Manager, 20 yrs. of Construction, 12 yrs. w/co., 8 yrs. as Proj. Mgr., 30+ CM@R Projects w/co.*

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| 1. Organization: References:
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* 1. Trade References:
	2. Bank References:
	3. Surety
		1. Name of bonding company:

* + 1. Name and address of agent:

* + 1. Attach a letter from the bonding company listed above stating the aggregate and single project limit for the Construction Management organization.

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| 1. Financial Strength Construction Management Organization:
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* 1. By checking below, the applicant acknowledges that the award of any contract for Construction Management Services is contingent on the applicant’s financial strength and ability to perform the required work. Further, the applicant understands that any specific Request for Qualifications issued by the State of Oklahoma may require the applicant to provide a financial statement for the State’s review in determining whether or not to award a contract.

[ ]  Applicant agrees [ ]  Applicant does not agree

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| 1. Signature:
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* 1. The undersigned, being duly authorized to sign on behalf of the organization named herein, certifies that the contents of the application and each supporting document are true to the best of my knowledge and sufficiently complete so as not to be misleading.

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|  |
| *(Authorized Representative Printed Name)* |
|  |
|  |
| *(Authorized Representative Signature)* |
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|  |
| *(Authorized Representative Title)* |
|  |
|  |
| *(Date)* |

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| --- | --- | --- | --- | --- | --- |
| This instrument was acknowledged before me on |  | day of |  | , 20 |  |
|  |
| by |  | as |  | of |  |
|  | *(Authorized Representative Name)* |  | *(Type of Authority)* |  | *(Construction Manager Organization)* |

|  |  |
| --- | --- |
|  |  |
|  |
| *(Signature of notarial officer)* |
|  |
| My Commission Expires: |  |
| *(Seal)* | My Commission #: |  |