



Oklahoma Department of Transportation

200 N.E. 21st Street
 Oklahoma City, OK 73105-3204
 www.odot.org

CONSULTANT INFORMATION FORM

COMPANY INFORMATION

MAILING ADDRESS

Company Name:		FEI #	
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Address:		City:		State:		Zip:	
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Headquarters information based on majority ownership of company. (If different than provided above.)

Headquarters Address:		City:		State:		Zip:	
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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 Procurement Division