



OKLAHOMA DEPARTMENT OF TRANSPORTATION

PROFESSIONAL SERVICES INFORMATION FORM

COMPANY INFORMATION

MAILING ADDRESS

Company:

Address:

City:

State:

Zip:

COMPANY IDENTIFICATION

FEI #:

ESTIMATOR LICENSE INFORMATION

Serial No.

Expiration Date:

DISADVANTAGED BUSINESS ENTERPRISE

If your company is a 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"/> Aesthetics Study | <input type="checkbox"/> County Bridge Inspection | <input type="checkbox"/> Railroad Services |
| <input type="checkbox"/> Alignment Study | <input type="checkbox"/> Environmental Study | <input type="checkbox"/> Right-of-Way Plans |
| <input type="checkbox"/> Architectural Design | <input type="checkbox"/> Feasibility Study | <input type="checkbox"/> Roadway Design |
| <input type="checkbox"/> Bridge Design | <input type="checkbox"/> Fracture Critical | <input type="checkbox"/> Signing, Signals, Illumin & ITS |
| <input type="checkbox"/> Bridge Inspection | <input type="checkbox"/> Functional Plans | <input type="checkbox"/> Survey |
| <input type="checkbox"/> Bridge Painting | <input type="checkbox"/> Geo-tech – Bridge | <input type="checkbox"/> Traffic Study |
| <input type="checkbox"/> Conceptual Plans | <input type="checkbox"/> Geo-tech - Roadway | <input type="checkbox"/> Underwater Bridge Inspection |
| <input type="checkbox"/> Construction Inspection | <input type="checkbox"/> Hydrology/Hydraulics | |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Operational Analysis | |

COMPANY PERSONNEL

PRIME CONTACT PERSON

Contact Name

Phone No.

FAX No.

E-Mail

Receive Solicitation?

SECONDARY CONTACT PERSON(S)